


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000314
 1. Entity Name
 DOUGLAS CENTRE, LLC



Principal Place of Business
 2711 CENTERVILLE RD., SUITE 400
 WILMINGTON, DE 19808

Mailing Address
 2600 DOUGLAS ROAD, SUITE 204
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



02172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
 65-0824056

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOUMIET, JUAN
 GREENBERG TRAUIG
 1221 BRICKELL AVENUE
 MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSALES, X.E. 2600 DOUGLAS ROAD, SUITE 204 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ROSALES, X. FRANCISCO 2600 DOUGLAS RD., SUITE 204 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LEVITT, STEVEN T 2600 DOUGLAS ROAD, SUITE 204 CORAL GABLES, FL 33134
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  X. FRANCISCO ROSALES 2/22/06 (305)461-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #