

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90019 049 \*\*\*\*50.00

**DOCUMENT # M98000000314**

1. Entity Name

**DOUGLAS CENTRE, LLC**



Principal Place of Business

Mailing Address

**1013 CENTRE ROAD  
WILMINGTON DE 19805**

**2600 DOUGLAS ROAD, SUITE 204  
CORAL GABLES FL 33134**

2. Principal Place of Business

**2711 CENTERVILLE ROAD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**SUITE 400**

City & State

**WILMINGTON, DE**

City & State

Zip

**19808**

Country

**USA**

Zip

Country

4. FEI Number

**65-0824056**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ROSALES, X.E.  
2600 DOUGLAS ROAD, SUITE 204  
CORAL GABLES FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FRANCISO, ROSALES X  
2600 DOUGLAS RD., SUITE 204  
CORAL GABLES FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
ROSALES, X. FRANCISCO** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LEVITT, STEVEN T  
2600 DOUGLAS ROAD, SUITE 204  
CORAL GABLES FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*

**REQUIRED**

**X. FRANCISCO ROSALES**

**2/17/03**

**(305) 444-1620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)