2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L04000063714

1. Entity Name
DOUGLAS HOLDINGS, LLC

Principal Place of Business	Mailing Address
405 DOUGLAS AVE SUITE 1955 ALTAMONTE SPRINGS, FL 32714	405 DOUGLAS AVE SUITE 1955 ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

01302008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1780599
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, BARRY
405 DOUGLAS AVE STE 1955
ALTAMONTE SPRINGS, FL 32714

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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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000883790
04/17/08-80017-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PLAZA NORTH MANAGEMENT, INC.
STREET ADDRESS	405 DOUGLAS AVENUE, SUITE 1955
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	MGRM
NAME	SINGER, BARRY
STREET ADDRESS	2301 AVE I
CITY-ST-ZIP	BROOKLYN, NY 11210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/28/08 407-774-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #