

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063714

FILED
Jun 25, 2009
Secretary of State

Entity Name: DOUGLAS HOLDINGS, LLC

Current Principal Place of Business:

405 DOUGLAS AVE
SUITE 1955
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

405 DOUGLAS AVE
SUITE 1955
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-1780599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SINGER, BARRY
405 DOUGLAS AVE
SUITE 1955
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE:

06/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PLAZA NORTH MANAGEMENT, INC.
Address: 405 DOUGLAS AVENUE, SUITE 1955
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: SINGER, BARRY
Address: 2301 AVE I
City-St-Zip: BROOKLYN, NY 11210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRY SINGER

MGRM

06/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date