


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90195 009 ***150.00

DOCUMENT # F04000000186	
1. Entity Name DOUGLAS GP SPE, INC.	

Principal Place of Business C/O COLONNADE PROPERTIES, LLC ONE ROCKEFELLER PLACE, STE 2300 NEW YORK, NY 10020	Mailing Address C/O COLONNADE PROPERTIES, LLC ONE ROCKEFELLER PLACE, STE 2300 NEW YORK, NY 10020
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2. Principal Place of Business - No P.O. Box # <u>380 Lexington Avenue</u>	3. Mailing Address <u>380 Lexington Avenue</u>
Suite, Apt. #, etc. <u>710</u>	Suite, Apt. #, etc. <u>710</u>
City & State <u>New York, NY</u>	City & State <u>New York, NY</u>
Zip <u>10168</u>	Country <u>USA</u>

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE, 28TH FLOOR MIAMI, FL 33131	
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40081300



02012007 Chg-P CR2E034 (12/06)

4. FEI Number 80-0090694	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SAMBUCO, JOSEPH S ONE ROCKEFELLER PLAZA, STE 2300 NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	380 LEXINGTON AVE. SUITE 710 NEW YORK, NY 10168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS FELDMAN, JEFFREY B ONE ROCKEFELLER PLAZA, STE 2300 NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	380 LEXINGTON AVE. SUITE 710 NEW YORK, NY 10168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Sambuco **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date _____ Daytime Phone # _____