


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L00000014259 1. Entity Name LE JEUNE - DOUGLAS INDUSTRIAL PARK, LLC |  |
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|---|---|
| Principal Place of Business 13105 NW LEJEUNE ROAD OPA LOCKA, FL 33054 | Mailing Address 13105 NW LEJEUNE ROAD OPA LOCKA, FL 33054 |
|---|---|

DO NOT WRITE IN THIS SPACE



01262005 No Chg-LLC CR2E083 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 65-1069413 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SEIF, EVAN D
2800 PONCE DE LEON BLVD., STE. 1125
MIAMI, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HOLLAND, BRIAN 13105 NW LEJEUNE ROAD OPA LOCKA, FL 33054 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CHAPLIN, WAYNE 13105 NW LEJEUNE ROAD OPA LOCKA, FL 33054 |
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L000000231974
02/16/05-80052-016 50.00

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IN THIS SPACE**

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:  **BRIAN HOLLAND** **2/1/05** **(305) 769-1110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #