


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L02000028846 1. Entity Name LEJEUNE DOUGLAS COMMERCE CENTER II, LLC |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 4700 NW 132ND STREET OPA LOCKA, FL 33054 | Mailing Address 4700 NW 132ND STREET OPA LOCKA, FL 33054 |
|--|--|

DO NOT WRITE IN THIS SPACE



01142004 No Chg-LLC -- CR2E083 (10/03)

| | |
|----------------------------------|--|
| 4. FEI Number 33-1029214 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |

| | |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent WHITEBOOK, DANIEL S 4700 NW 132ND STREET OPA LOCKA, FL 33054 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

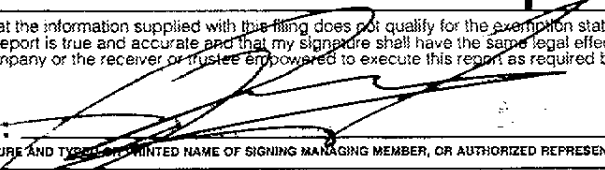
**Filing Fee is \$50.00
 Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KLODA, RUBEN 4700 NW 132 STREET MIAMI, FL 33054 |
| 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 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000031627
 02/04/04-80156-010 55.00

DO NOT WRITE 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)(f), 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:  DATE: 1/22/04 DAYTIME PHONE #: 305-685-7617