


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
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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

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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)

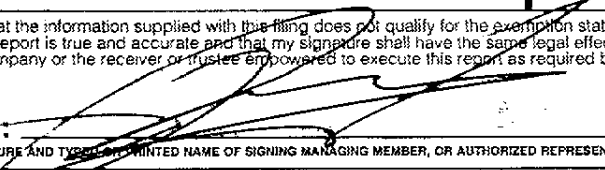
**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KLODA, RUBEN 4700 NW 132 STREET MIAMI, FL 33054
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02/04/04-80156-010 55.00

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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE