


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L02000028846</b> 1. Entity Name LEJEUNE DOUGLAS COMMERCE CENTER II, LLC	
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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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<b>DO NOT WRITE IN THIS SPACE</b>
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01142004 No Chg-LLC -- CR2E083 (10/03)

4. FEI Number 33-1029214	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fees Required
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6. Name and Address of Current Registered Agent  WHITEBOOK, DANIEL S 4700 NW 132ND STREET OPA LOCKA, FL 33054
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

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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: \_\_\_\_\_ **1/22/04** **305-685-7617**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #