

DOCUMENT # L02000028846

1. Entity Name

Principal Place of Business

4700 NW 132ND STREET

OPA LOCKA, FL 33054

LEJEUNE DOUGLAS COMMERCE CENTER II, LLC



20010916

Mailing Address
4700 NW 132ND STREET

OPA LOCKA, FL 33054

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FILED Feb 27, 2006 8:00 am

Secretary of State

02-27-2006 90425 028 ****55.00

01262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applied For Not Applied For State of State Parised 5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WHITEBOOK, DANIEL S 4700 NW 132ND STREET OPA LOCKA, FL 33054

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	named entity submits this statement for the purpose of changing its registeredions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered	I Agent signature required when reinstating) DATE		
	iling Fee is \$50.00 ue by May 1, 2006	,		
9. TITLE	MANAGING MEMBERS/MANAGERS MGRM			
NAME STREET ADDRESS CITY-ST-ZIP	KLODA, RUBEN DAVIEL S. WHITEBOOK 4700 NW 132 STREET MIAMI, FL 33054			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 in the empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP.

TITLE--NAME ------STREET ADDRESS
CITY-ST-ZIP

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

Cate

Daytime Phone #