


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Feb 05, 2007 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**



01252007No Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1029214	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITEBOOK, DANIEL S 4700 NW 132 STREET MIAMI, FL 33054
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11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Daniel S. Whitebook Date: 2/1/07 Daytime Phone #: 305-685-7617

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