


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000028931
 1. Entity Name
 LEJEUNE DOUGLAS COMMERCE CENTER I, 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 33-1029213	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 reappointing)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KLODA, R. 4700 NW 132 ST MIAMI, FL 33054
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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)(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 606, Florida Statutes.

SIGNATURE:  DATE: 1/27/04 DAYTIME PHONE #: 305-685-7617

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