


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90145 043 \*\*\*\*55.00

**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**



01262006 No Chg-LLC CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>33-1029213 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired  **\$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: *Daniel S. Whitebook*  
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, 2006**

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KLOBA, R. DANIEL S. WHITEBOOK<br>4700 NW 132 ST<br>MIAMI, FL 33054 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_