

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033921

Entity Name: DOUGLAS WOODS, LLC

FILED  
May 14, 2008  
Secretary of State

## Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

2432 SE FLORESTA DRIVE  
PORT ST. LUCIE, FL 34984

## Current Mailing Address:

1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH, FL 33401

## New Mailing Address:

2432 SE FLORESTA DRIVE  
PORT ST. LUCIE, FL 34984

FEI Number: 36-4517855      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LIOCE, DOMENICK R  
1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH, FL 33401      US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: LLOCE, DOMENICK R  
Address: 1645 BCH LAKES BLVD 1200  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: REIN, HARRIS  
Address: 2432 SE FLOESTA DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HARRIS REIN

MGR

05/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date