


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (URB)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90192 030 ****50.00

DOCUMENT # L02000033921			
1. Entity Name DOUGLAS WOODS, LLC			
Principal Place of Business 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, FL 33401		Mailing Address 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, FL 33401	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 36-4517855 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Liocce, Domenick R. 1645 Palm Beach Lakes Blvd., Suite 1200 West Palm Beach, Florida 33401		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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	
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(Note: registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE Manager	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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		April 24, 2003 561-686-3307	
		Date Daytime Phone #	
SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			