


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90210 041 ****50.00

DOCUMENT # L03000008414

1. Entity Name
 100 DOUGLAS APARTMENTS, L.L.C.




Principal Place of Business
 4535 PONCE DE LEON BLVD.
 CORAL GABLES FL 33146

Mailing Address
 4535 PONCE DE LEON BLVD.
 CORAL GABLES FL 33146

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



MOORE CR2E083 (11/03)

4. FEI Number
 57-1164153

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PADRON, CARLOS E Vila, Padron & VILA & PADRON, P.A. 2100 SALZEDO STREET, STE. 300 CORAL GABLES FL 33134~~

~~Diaz, P.A.~~

7. Name and Address of New Registered Agent

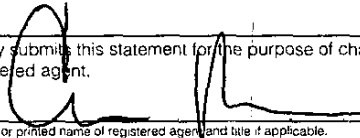
Name: Padron, Carlos E., Esq.

Street Address (P.O. Box Number is Not Acceptable): 2 Alhambra Plaza, Suite 860

Coral Gables, FL 33134

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: 1/29/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

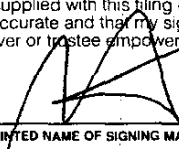
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Harvey Hernandez 4535 Ponce de Leon Blvd. Coral Gables, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 2/5/04 DAYTIME PHONE #: 305-740-0819

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