

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90364 023 \*\*\*\*50.00

**14012878**



03032005 Chg-LLC CR2E083 (10/03)

|   |                          |                                 |   |   |   |
|---|--------------------------|---------------------------------|---|---|---|
| <b>DOCUMENT # L03000008414</b>  |                          |                                 |   |   |   |
| 1. Entity Name<br>100 DOUGLAS APARTMENTS, L.L.C.  |                          |                                 |   |   |   |
| Principal Place of Business<br>4535 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33146   |                          |                                 | Mailing Address<br>4535 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33146 |   |   |
| 2. Principal Place of Business  |                          |                                 | 3. Mailing Address  |   |   |
| Suite, Apt. #, etc.   |                          |                                 | Suite, Apt. #, etc.   |   |   |
| City & State  |                          |                                 | City & State  |   |   |
| Zip   | Country                  | Zip                             | Country   | 4. FEI Number<br>57-1164153   |   |
|   |                          |                                 |   | Applied For<br>Not Applicable   |   |
|   |                          |                                 |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent   |                          |                                 |   | 7. Name and Address of New Registered Agent   |   |
| PADRON, CARLOS E<br>2 ALHAMBRA PLAZA, STE 860<br>CORAL GABLES, FL 33134   |                          |                                 |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                          |                                 |   |   |   |
| Filing Fee is \$50.00 Due by May 1, 2005  |                          |                                 |   | Make check payable to Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS  |                          |                                 |   | 10. ADDITIONS/CHANGES   |   |
| TITLE   | MGRM                     | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | HERNANDEZ, HARVEY        |                                 |   | NAME  |   |
| STREET ADDRESS  | 4535 PONCE DE LEON BLVD. |                                 |   | STREET ADDRESS  |   |
| CITY-ST-ZIP   | CORAL GABLES, FL 33146   |                                 |   | 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   |   |
| 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: 4/28/05 305 740-0815  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                          |                                 |   | Date Daytime Phone #  |   |