## 2005 LIMITED LIABILITY COMPANY -ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## FILED May 04, 2005 08:00 AM DOCUMENT # L03000017324 **Secretary of State** 1. Entity Name DOUGLAS CONDOMINIUM, L.L.C. Principal Place of Business \_ Mailing Address 7390 SW 154TH TERR 7390 SW 154TH TERR MIAMI, FL 33157 MIAMI, FL 33157 04282005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 14~1887980 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUESADA, G. FRANK ESQ DO NOT WRITE 1313 PONCE DE LEON BLVD., STE, 200 CORAL GABLES, FL 33134 IN THIS SPACE 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. Signature, typed or printed name of registered agent and this if applicable [NOTE Registered Agent signature required when reinstating] U00000362824 Filing Fee is \$50.00 Due by May 1, 2005 05/05/05-80134-007 50.00 MANAGING MEMBERS/MANAGERS Ŷ. MGR TITLE NAME GORRA, EGBERT A STREET ADDRESS 7390 SW 154TH TERR CITY-ST-ZIP MIAMI, FL 33157 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this fiting 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE