


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90028 027 \*\*\*138.75

<b>DOCUMENT # L03000017324</b>	
1. Entity Name <b>DOUGLAS CONDOMINIUM, L.L.C.</b>	

Principal Place of Business <b>7390 SW 154TH TERR MIAMI, FL 33157</b>	Mailing Address <b>7390 SW 154TH TERR MIAMI, FL 33157</b>
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**60037198**

2. Principal Place of Business - No P.O. Box # <b>118 PONCE DE LEON BLVD</b>	3. Mailing Address <b>118 PONCE DE LEON BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CORAL GABLES FL</b>	City & State <b>CORAL GABLES FL</b>
Zip <b>33135</b>	Zip <b>33135</b>
Country <b>USA</b>	Country <b>USA</b>



04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>14-1887980</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>QUESADA, G. FRANK ESQ 1313 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GORRA, EGBERT A 7390 SW 154TH TERR MIAMI, FL 33157</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GORRA, EGBERT A 120 SW 37TH AVE # 406 CORAL GABLES FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> 	<b>EGBERT A. GORRA</b> 4/29/08 305 443-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #