2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000015847

1. Entity Name
DOUG, LLC

Principal Place of Business	Mailing Address
13 S.W. 7TH STREET MIAMI, FL 33130 US	13 S.W. 7TH STREET MIAMI, FL 33130 US

DO NOT WRITE IN THIS SPACE

01062006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1219815

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LATTERNER, MICHAEL
13 S.W. 7TH STREET
MIAMI, FL 33130

DO NOT WRITE 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LATTERNER, MICHAEL
STREET ADDRESS	13 S.W. 7TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	MGRM
NAME	ROSEN, WAYNE
STREET ADDRESS	277 GALEON CT
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000505296
04/26/06-80108-020 50.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: 3-29-06 305-372-1266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #