

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056391

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: DOUGLAS BARRETT HOLDINGS, L.L.C.

**Current Principal Place of Business:**

C/O MICHAEL DOUGLAS  
2425 SW 105TH TERRACE  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MICHAEL DOUGLAS  
2425 SW 105TH TERRACE  
DAVIE, FL 33324

**New Mailing Address:**

FEI Number: 20-1429572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRAMER, ROBERT M  
4000 HOLLYWOOD BOULEVARD  
SUITE 485-SOUTH  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DOUGLAS, MICHAEL L  
Address: 2425 SW 105TH TERRACE  
City-St-Zip: DAVIE, FL 33324

Title: MGR ( ) Delete  
Name: BARRETT, OWEN  
Address: 2425 SW 105TH TERRACE  
City-St-Zip: DAVIE, FL 33324

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: BARRETT, OWEN  
Address: 11032 TOPEKA PLACE  
City-St-Zip: COOPER CITY, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL L DOUGLAS

MGR

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date