


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90108 029 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L04000063714</b>                 |  |
| 1. Entity Name<br><b>DOUGLAS HOLDINGS, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>405 DOUGLAS AVE. Suite 1955<br/>ALTAMONTE SPRINGS FL 32714</b> | Mailing Address<br><b>405 DOUGLAS AVE. Suite 1955<br/>ALTAMONTE SPRINGS FL 32714</b> |
|--|--|



|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. |         | 3. Mailing Address<br><br>Suite, Apt. #, etc. |         |
| City & State  |         | City & State                                  |         |
| Zip   | Country | Zip   | Country |

1st MOORE CR2E083 (10/05)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>AP-PLIED FOR</b>                      |  | Applied For<br><input type="checkbox"/> 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<br><b><del>UNITED CORPORATE SERVICES, INC.</del><br/><del>9200 SOUTH DADELAND BLVD, SUITE 508</del><br/><del>MIAMI FL 33156</del></b> | 7. Name and Address of New Registered Agent<br>Name<br><b>Barry Singer</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>405 Douglas Ave</b><br><b>Suite 1955</b><br>City<br><b>Altamonte Springs</b> <b>FL</b> Zip Code<br><b>32714</b> |
|---|--|

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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS / MANAGERS                     |  | 10. ADDITIONS / CHANGES                            |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>PLAZA NORTH MANAGEMENT, INC.<br/>405 DOUGLAS AVENUE, SUITE 1955<br/>ALTAMONTE SPRINGS FL 32714</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:**