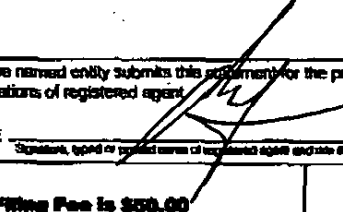
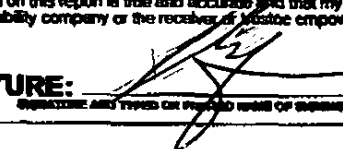


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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90338 044 ****50.00

DOCUMENT # L04000063714			
1. Entity Name DOUGLAS HOLDINGS, LLC			
Principal Place of Business 375 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714		Mailing Address 375 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business - No P.O. Box # 405 Douglas Ave		3. Mailing Address 405 Douglas Ave	
Suite, Apt. #, etc. Suite 1955		Suite, Apt. #, etc. Suite 1955	
City & State Altamonte Springs FL		City & State Altamonte Springs FL	
Zip 32714	Country US	Zip 32714	Country US
4. FEI Number APPLIED FOR 201780599		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fees Required	
6. Name and Address of Current Registered Agent SINGER, BARRY 405 DOUGLAS AVE STE 1955 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name SINGER BARRY Street Address (P.O. Box Number is Not Acceptable) 405 Douglas Ave Suite 1955 City Altamonte Springs FL Zip Code 32714	
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 		DATE 4/30/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLAZA NORTH MANAGEMENT, INC. 405 DOUGLAS AVENUE, SUITE 1955 ALTAMONTE SPRINGS, FL 32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Barry Singer 2301 Avenue I Brooklyn NY 11210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 of estate empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		DATE 4/30/07 917-696-9039	