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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	Mailing Address
375 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714	375 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714

04232007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
405 Douglas Ave	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 Fee 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: [signature] DATE: 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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	MGRM Barry Singer 2301 Avenue I Brooklyn NY 11210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/30/07 917-696-9039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #