


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000063714  
 1. Entity Name  
 DOUGLAS HOLDINGS, LLC



Principal Place of Business      Mailing Address  
 405 DOUGLAS AVE                      405 DOUGLAS AVE  
 SUITE 1955                              SUITE 1955  
 ALTAMONTE SPRINGS, FL 32714      ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE IN THIS SPACE**



01302008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-1780599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, BARRY  
 405 DOUGLAS AVE STE 1955  
 ALTAMONTE SPRINGS, FL 32714

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

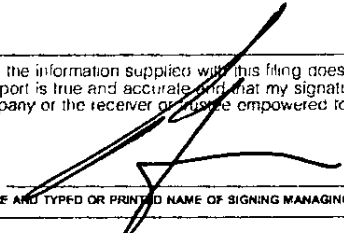
U00000883790  
 04/17/08-80017-025 138.75

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGER, BARRY 2301 AVE I BROOKLYN, NY 11210
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	

**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:       3/28/08      407-774-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #