


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L06000003616 1. Entity Name DOUGLAS ENTREE, LLC |  |
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| Principal Place of Business 1180 SPRING CENTRE BLVD. SOUTH STE. 102 ALTAMONTE SPRINGS, FL 32714 | Mailing Address 1180 SPRING CENTRE BLVD. SOUTH STE. 102 ALTAMONTE SPRINGS, FL 32714 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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01032008 Chg-LLC CR2E083 (12/06)

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| City & State | City & State |
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| 4. FEI Number 59-3131878 | Applied For Not Applicable |
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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LAFRENIERE, STEPHEN J 1180 SPRING CENTRE BLVD. SOUTH STE. 102 ALTAMONTE SPRINGS, FL 32714 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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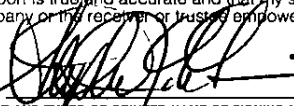
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|---|---|
| TITLE MGR <input type="checkbox"/> Delete | NAME LAFRENIERE, STEPHEN J | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME U00000914409 05/08/08-80055-022 138.75 |
| STREET ADDRESS 1180 SPRING CENTRE BLVD. SOUTH, STE. 102 | CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 | STREET ADDRESS | CITY-ST-ZIP |
| CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 | CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | STREET ADDRESS | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | STREET ADDRESS | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | STREET ADDRESS | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP |

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.

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| SIGNATURE:  Stephen J. Lafreniere | Date 4/18/08 | Daytime Phone # 407-786-9001 |
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