

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M01000002147

1. Entity Name  
DOUGLAS COLONNADE LLC



Principal Place of Business

1 ROCKEFELLER PLACE  
SUITE 2300 C/O COLONNADE PROPERTIES LLC  
NEW YORK, NY 10020

Mailing Address

1 ROCKEFELLER PLACE  
SUITE 2300 C/O COLONNADE PROPERTIES LLC  
NEW YORK, NY 10020



03042004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-4188102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE SOUTHEAST THIRD AVE.  
28TH FLOOR  
MIAMI, FL 33131

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DOUGLAS COLONNADE MEZZANINE LLC
STREET ADDRESS	ONE ROCKFELLER PLAZA SUITE 2300
CITY - ST - ZIP	NEW YORK, NY 10020

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04/12/04-80084-024 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

Joe Sambuco

3/12/04

(212) 632-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #