2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -4 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000314

1. Entity Name

Principal Place of Business	Mailing Address
DOUGLAS CENTRE, LLC 1013 CENTRE ROAD WILMINGTON, DE 19805	DOUGLAS CENTRE, LLC 1013 CENTRE ROAD WILMINGTON, DE 19805

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2600 DOUGLAS ROAD, Suite, Apt. #, etc. SUITE 505
City & State	City & State CORAL GABLES, FL
Zip / Country	Zip 33134 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0824056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSALES, X.E. 2600 DOUGLAS ROAD SUITE 505 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROSALES, X.E. 2600 DOUGLAS ROAD, SUITE 505 CORAL GABLES, FL 33134 ☐ 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	PT ROSALES, X. FRANCISCO 2600 DOUGLAS ROAD, SUITE 505 CORAL GABLES, FL 33134 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS LEVITT, STEVEN T. 2600 DOUGLAS ROAD, SUITE 505 CORAL GABLES, FL 33134 ☐ 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

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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: _____ X. FRANCISCO ROSALES 4/28/00 (305)444-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #