

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90963 017 \*\*\*\*50.00

**DOCUMENT #** M98000000314

**1. Entity Name**

DOUGLAS CENTRE, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2711 CENTERVILLE ROAD

**3. Mailing Address**

2600 DOUGLAS ROAD

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 204

DO NOT WRITE IN THIS SPACE

**City & State**

WILMINGTON, DE

**City & State**

CORAL GABLES, FL

**4. FEI Number**

65-0824056

**Applied For**

Not Applicable

**Zip**

19808

**Country**

U.S.A

**Zip**

33134

**Country**

U.S.A

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

JUAN LOUMIET - GREENBERG-TRAURIG

**Street Address (P.O. Box Number is Not Acceptable)**

1221 BRICKELL AVENUE

**City**

MIAMI

**FL**

**Zip Code**  
33131

**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**

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

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGR  
ROSALES, X.E.  
2600 DOUGLAS ROAD, SUITE 204  
CORAL GABLES, FL 33134

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PT  
ROSALES, X. FRANCISCO  
2600 DOUGLAS ROAD, SUITE 204  
CORAL GABLES, FL 33134

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
VS  
STEVEN T. LEVITT  
2600 DOUGLAS ROAD, SUITE 204  
CORAL GABLES, FL 33134

**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**

**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**

**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 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

2/28/02 (305)444-1620

CR2E083B (12/01)