

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000000314

1. Entity Name
DOUGLAS CENTRE, LLC



Principal Place of Business
2711 CENTERVILLE RD., SUITE 400
WILMINGTON, DE 19808

Mailing Address
2600 DOUGLAS ROAD, SUITE 204
CORAL GABLES, FL 33134



02172005 No Chg-LLC

CR2E083 (10/03)

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

LOUMIET, JUAN
GREENBERG TRAUIG
1221 BRICKELL AVENUE
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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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 RD., SUITE 204
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
LEVITT, STEVEN T
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

U00000277549
03/26/05-80032-023 50.00

**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 2/25/05

(305)444-1620

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

Date

Daytime Phone #