

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006959

1. Entity Name
**LEJEUNE DOUGLAS COMMERCE CENTER I
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**4700 NW 132ND STREET
MIAMI, FL 33054**

Mailing Address
**4700 NW 132ND STREET
MIAMI, FL 33054**



01262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number **61-1465332** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITEBOOK, DANIEL S
4700 NW 132ND STREET
MIAMI, FL 33054**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	WHITEBOOK, DANIEL S
STREET ADDRESS	4700 NW 132ND STREET
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	V
NAME	KLODA, RUBEN
STREET ADDRESS	4700 NW 132ND STREET
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	S
NAME	WHITEBOOK, ROBERT
STREET ADDRESS	4700 NW 132ND STREET
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000430210
02/22/06-80038-022 70.00

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel S. Whitebook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____