

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

8/30/2005-90015-013-\$50.00-\$50.00

**FILED**


05 SEP 15 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
30014492



2nd MOORE CR2E083 (5/05)

**DOCUMENT # L04000008663**  
1. Entity Name  
**DOUBLETREE LLC**



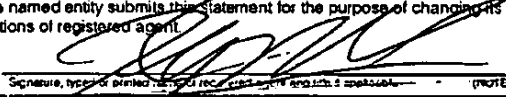
Principal Place of Business Mailing Address  
13399 DOUBLETREE CIR 13399 DOUBLETREE CIR  
WELLINGTON FL 33414 WELLINGTON FL 33414

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number **65-0247508** Applied For Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~COHN, ALAN B  
2021 TYLER ST  
HOLLYWOOD FL 33022~~

7. Name and Address of New Registered Agent  
Name **Andres V. AGUIRRE**  
Street Address (P.O. Box Number is Not Acceptable) **13399 Doubletree Circle**  
**Wellington Florida**  
City **Wellington** FL Zip Code **33414**

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 **8/24/2005**

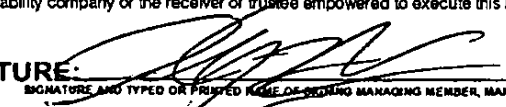
**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	<b>Managing Member</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>Sharon A. VAGUIRRE</b>
CITY- ST- ZIP	<b>13399 Doubletree Circle Wellington</b>
TITLE NAME	<b>Managing Member</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>Andres VAGUIRRE</b>
CITY- ST- ZIP	<b>13399 Doubletree Circle Wellington</b>
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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  DATE **8/24/2005** Phone # **561-7533166**

