2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000016256 1. Entity Name DOUBLE CREEK, LLC

Principal Place of Business

PACE, FL 32571

6585 SHADY HOLLOW DRIVE

Mailing Address

6585 SHADY HOLLOW DRIVE

PACE, FL 32571

FILED Mar 23, 2006 08:00 AM **Secretary of State**



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02152006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For 20-1672568 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, ESQ, JASON R 228 EAST GOVERNMENT ST SEVILLE TOWER, 9TH FLOOR PENSACOLA, FL 32501

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| | The above named entity submits this statement for the purpose of character of registered agent. | nging its registered office or registered agent, or both, | in the State of Florida. I am familiar with, and accept |
|-----|---|--|---|
| Sto | SINATURE Signature, hypred or printed name of registered agent and fills if applicable. | (NOTE: Registered Agent signature required when reinstating) | 110000000 2 945 11 |

Filing Fee is \$50.00 Due by May 1, 2006

04/07/06-80004-802 50.00

| 9. | MANAGING MEMBERS/MANAGERS | | |
|---|---|--|--|
| NAME STREET ADDRESS CITY-ST-ZIP | MGRM DOWNEY, HARRELL G 6585 SHADY HOLLOW DRIVE PACE, FL 32571 | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the ex | | | |

DO NOT WRITE IN THIS SPACE

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 is true and accurate and that my signature shall have the same legal effect as if made under cath, 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.

A, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: X

SIGNATURE AND TYPED OB BINTED NAME OF SIGNING MANAGING MEM

xMarch 20,2006