

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90016 001 \*\*\*\*55.00

**DOCUMENT # L04000018964**

1. Entity Name  
**DOUBLE "D" INVESTMENT GROUP, LLC**



Principal Place of Business  
**265 S.W. PORT SAINT LUCIE BLVD  
SUITE 133  
PORT SAINT LUCIE, FL 34984**

Mailing Address  
**265 S.W. PORT SAINT LUCIE BLVD  
SUITE 133  
PORT SAINT LUCIE, FL 34984**



04042006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
<b>NOT APPLICABLE</b>	<b>Not Applicable</b>

5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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**8. Name and Address of Current Registered Agent**

**DUFRESNE, RAMCES G  
265 S.W. PORT SAINT LUCIE BLVD., STE. 133  
PORT SAINT LUCIE, FL 34984**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DUFRESNE, R.G.
STREET ADDRESS	265 S.W. PORT SAINT LUCIE BLVD., STE. 133
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	MGR
NAME	DUFRESNE, J.J.
STREET ADDRESS	265 S.W. PORT SAINT LUCIE BLVD., STE. 133
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	MGR
NAME	DUFRESNE, JACQUES
STREET ADDRESS	265 S.W. PORT SAINT LUCIE BLVD, STE 133
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. 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 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:** \_\_\_\_\_

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

**R. G. DUFRESNE**

Date

Daytime Phone #

**04/04/06 1-800-872-5532**

ATTACHMENT  
20027950  
#204000 018964

04/04/06

**From: Double "D" Investment Group, LLC**  
**265 S.W. Port Saint Lucie BLVD Suite 133**  
**Port Saint Lucie, FL 34984**

**To: Division of Corporations**  
**P.O. Box 6198**  
**Tallahassee, FL 32314**

**Re: Updating new managing member to:**

**1- Mngr, Dufresne, Jacques**

**2- Mngr, delete from record**  
**Dufresne, J. J.**

**Respectfully,**

  
**Dufresne, R. G.**  
**Mngr**