


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000009303 1. Entity Name DOUBLE M RANCH, LLC	
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Principal Place of Business 65 LEUCADENDRA DIRVE CORAL GABLES FL 33156	Mailing Address 65 LEUCADENDRA DIRVE CORAL GABLES FL 33156
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-1118431	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**COULTER JONES, LAURA
65 LEUCADENDRA DIRVE
CORAL GABLES FL 33156**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 *Laura Jones* (NOTE: Registered Agent signature required when re-registering) DATE 1/25/05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	JONES, LAURA C
STREET ADDRESS	65 LEUCADENDRA DIRVE
CITY - ST - ZIP	CORAL GABLES FL 33156
TITLE	MGRM <input type="checkbox"/> Delete
NAME	JONES, MICHAEL D
STREET ADDRESS	65 LEUCADENDRA DIRVE
CITY - ST - ZIP	CORAL GABLES FL 33156
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	U00000200164
CITY - ST - ZIP	01/28/05-80015-007 50.00
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
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 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: *Laura Jones, managing member* DATE: 1/25/05

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