


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90098 028 ****50.00

DOCUMENT # L01000013498	
1. Entity Name DOUBLE BRIDGES, L.L.C.	

Principal Place of Business 303 EAST MOODY BLVD. BUNNELL, FL 32110	Mailing Address POST OFFICE BOX 638 BUNNELL, FL 32110-0638
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*200 PARK HORSE LANE
HASTINGS, FL 32145*

DO NOT WRITE IN THIS SPACE



01132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3746616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
WADSWORTH, LEWIS E III 411 WOODBLUFF TERR. ST. AUGUSTINE, FL 32806	<i>200 DARK HORSE LANE HASTINGS FL 32145</i>

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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WADSWORTH, LEWIS E III <i>200 PARK HORSE LANE HASTINGS FL 32145</i>
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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: *Lewis E. Wadsworth III* 2/9/04 386-931-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #