

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90072 040 ****50.00

DOCUMENT # L01000016255

1. Entity Name

DOUBLE EAGLE OFFICE BUILDING, L.C.



Principal Place of Business

2101 CORPORATE BLVD, N.W., SUITE 300
BOCA RATON, FL 33431

Mailing Address

2101 CORPORATE BLVD, N.W., SUITE 300
BOCA RATON, FL 33431

20005811



01192006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

01-0553047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISMAN, WILLIAM S ESQUIRE
C/O MANDEL, WEISMAN & BRODIE, P.A.
2101 CORPORATE BLVD N.W., SUITE 300
BOCA RATON, FL 33431

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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	MGRM
NAME	WEISMAN, WILLIAM S
STREET ADDRESS	2101 CORPORATE BLVD., #300
CITY- ST- ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	WEISMAN, LAUREN
STREET ADDRESS	2101 CORPORATE BLVD., #300
CITY- ST- ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	MANDEL, DANIEL S
STREET ADDRESS	2101 CORPORATE BLVD., #300
CITY- ST- ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	MANDEL, AMY
STREET ADDRESS	2101 CORPORATE BLVD., #300
CITY- ST- ZIP	BOCA RATON, FL 33431
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 of 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

Date

Daytime Phone #

William S Weisman 2/20/06 561-989-0300