

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L01000016255**

1. Entity Name  
DOUBLE EAGLE OFFICE BUILDING, L.C.



Principal Place of Business

2385 EXECUTIVE CENTER DRIVE, STE. 270  
BOCA RATON, FL 33431

Mailing Address

2385 EXECUTIVE CENTER DRIVE, STE. 270  
BOCA RATON, FL 33431

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**



02042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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  
2385 EXECUTIVE CENTER DRIVE, STE. 270  
BOCA RATON, FL 33431

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME WEISMAN, WILLIAM S  
STREET ADDRESS 2385 EXECUTIVE CENTER DR SUITE 270  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGRM  
NAME WEISMAN, LAUREN  
STREET ADDRESS 2385 EXECUTIVE CENTER DR SUITE 270  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGRM  
NAME MANDEL, DANIEL S  
STREET ADDRESS 7251 W.PALMETTO PARK RD SUITE 306  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE MGRM  
NAME MANDEL, AMY  
STREET ADDRESS 7251 W.PALMETTO PARK RD SUITE 306  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

Date

Daytime Phone #

2/14/08

561-241-6336