

2/4/02

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90021 031 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000018644**

1. Entity Name

**DOUBLE D, LLC**

Principal Place of Business

4355 SE HOPETOWN TERRACE  
STUART FL 34997

Mailing Address

4355 SE HOPETOWN TERRACE  
STUART FL 34997

71089 [REDACTED]



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4475217

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BARKER, DUANE C**  
4355 SE HOPETOWN TERRACE  
STUART FL 34997

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-electing)

DATE

**FILE NOW!!! FEE IS \$60.00**  
Make check payable to Department of State  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: Member **MGRM**  Delete  
NAME: Duane C. Barker and Diane H. Barker  
STREET ADDRESS: Joint Rev. Living Trust, No. 3  
CITY-ST-ZIP: 4355 SE Hopetown Terrace  
Stuart, FL 34997

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: Member **MGRM**  Delete  
NAME: Steven Barker  
STREET ADDRESS: W315 S7565 Lakecrest Drive  
CITY-ST-ZIP: Mukwonago, WI 53149

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: Member **MGRM**  Delete  
NAME: Patti Reim  
STREET ADDRESS: 258 Old McDonough Road  
CITY-ST-ZIP: McDonough, GA 30253

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: Member **MGRM**  Delete  
NAME: Julie Draeving  
STREET ADDRESS: 1030 South 36th Street  
CITY-ST-ZIP: Milwaukee, WI 53215

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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: *Duane C. Barker*

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

1 / 02 (561) 220-7684

Date

Daytime Phone #

**DUANE C. BARKER**

CR2083 (907)