


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018644
 1. Entity Name
DOUBLE D, LLC



Principal Place of Business Mailing Address
4355 SE HOPETOWN TERRACE **4355 SE HOPETOWN TERRACE**
STUART, FL 34997 **STUART, FL 34997**

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
36-4475217 Not Applicable

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DUANE & DIANE BARKER
STREET ADDRESS	4355 SE HOPTOWN TERRACE, #3
CITY-ST-ZIP	STUART, FL 34997
TITLE	MGRM
NAME	BARKER, STEVEN
STREET ADDRESS	W315 S7565 LAKECREST DRIVE
CITY-ST-ZIP	MUKWONAGO, WI 53149
TITLE	MGRM
NAME	REIM, PATTI
STREET ADDRESS	258 OLD MCDONOUGH ROAD
CITY-ST-ZIP	MCDONOUGH, GA 30253
TITLE	MGRM
NAME	DRAEVING, JULIE
STREET ADDRESS	1030 SOUTH 36TH STREET
CITY-ST-ZIP	MILWAUKEE, WI 53215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/07/05-80023-015 50.00

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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: DUANE BARKER 1/5/05 772-220-7684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #