


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

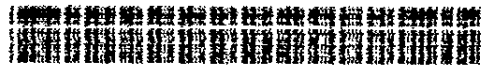
DOCUMENT # L01000018644

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**



01052006No Chg-LLC CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

38-4475217 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 must be printed name of registered agent and title if applicable Registered Agent signature required when changing DATE

Filing Fee is \$50.00 **1100000379910**
Due by May 1, 2006 **01/10/06-80041-005 50.00**

8. 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	MILWAUKEE, WI 53149
TITLE	MGRM
NAME	REIM, PATTI
STREET ADDRESS	258 OLD MCCONOUGH ROAD
CITY- ST- ZIP	MCCONOUGH, 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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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 806, Florida Statutes.

SIGNATURE: Duane C Barker 1/5/06 772-220-7694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Domestic phone #