


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000018644 1. Entity Name DOUBLE D, LLC |  |
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|---|---|
| Principal Place of Business 4355 SE HOPETOWN TERRACE STUART, FL 34997 | Mailing Address 4355 SE HOPETOWN TERRACE STUART, FL 34997 |
|---|---|

DO NOT WRITE IN THIS SPACE



01062007No Chg-LLC CR2E083 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 36-4475217 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**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 _____ 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, 2007**

U00000578629
01/09/07-80037-003 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DUANE & DIANE BARKER 4355 SE HOPTOWN TERRACE, #3 STUART, FL 34997 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BARKER, STEVEN W315 S7565 LAKECREST DRIVE MUKWONAGO, WI 53149 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM REIM, PATTI 258 OLD MCDONOUGH ROAD MCDONOUGH, GA 30253 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DRAEVING, JULIE 1030 SOUTH 36TH STREET MILWAUKEE, WI 53215 |
| 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DUANE BARKER **DUANE BARKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____