

EXTENS

FILED
Jun 06, 2005 8:00 am
Secretary of State

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

06-06-2005 90559 040 ****50.00

40059810



02122005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000033796					
1. Entity Name DOUBLE SEVEN INVESTMENTS LLC					
Principal Place of Business 900 E. INDIANTOWN ROAD, SUITE 216 JUPITER, FL 33477			Mailing Address P.O. BOX 20369 ALBUQUERQUE, NM 87154		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 81-0586554	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEVES, TERRY A 900 E. INDIANTOWN ROAD, SUITE 216 JUPITER, FL 33477			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEVES, TERRY	NAME			
STREET ADDRESS	900 E. INDIANTOWN ROAD, SUITE 216	STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP			
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEVES, ELIZABETH A	NAME			
STREET ADDRESS	900 E. INDIANTOWN ROAD, SUITE 216	STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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: Terry A. Neves *managing member* 5/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20059810 #L02000033796

1698

Form 8736

(Rev. October 2003)

Application for Automatic Extension of Time To File U.S. Return for a Partnership, REMIC, or for Certain Trusts

OMB No. 1545-1054

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Type or print.

Name

Employer identification number

DOUBLE SEVEN INVESTMENTS LLC

81-0586554

File by the due date for filing the return for which an extension is requested. See instructions.

Number, street, and room or suite no. If a P.O. box, see instructions.

900 E. INDIANTOWN RD SUITE 216

City or town, state, and ZIP code. If a foreign address, enter city, province or state, and country. Follow the country's practice for entering the postal code.

JUPITER

FL 33477

1 I request an automatic 3-month extension of time to file (check only one):
Form 1041 Form 1041-N Form 1041-QFT Form 1065 Form 1065-B Form 1066

2 If the entity does not have an office or place of business in the United States, check this box

3a For calendar year 2004, or other tax year beginning, and ending

b If this tax year is for less than 12 months, check reason:

Initial return Final return Change in accounting period

4 If this extension is requested for Form 1041, 1041-N, 1041-QFT, 1065-B, or 1066, enter the following amounts:

a Tentative total tax from Form 1041, 1041-N, 1041-QFT, 1065-B, or 1066 (see instructions) \$

b Refundable credits and estimated tax payments, including any prior year overpayment allowed as a credit, from Form 1041, 1041-N, 1041-QFT, or 1065-B (see instructions). REMICs, enter -0- \$

c Balance due. Subtract line 4b from line 4a. If zero or less, enter -0-. Enclose payment, if any, with Form 8736 (see instructions) \$

Caution: Interest will be charged on any tax not paid by the regular due date of Forms 1041, 1041-N, 1041-QFT, 1065-B, and 1066 from the due date until the tax is paid.