2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Apr 08, 2008 8:00 am Secretary of State

04-08-2008 90041 038 ***138.75

60020810



03042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 	Applied For
81-0586554	 Γ-	Not Applicable
	\$5.00	Additional

Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

NEVES, TERRY A 900 E. INDIANTOWN ROAD, SUITE 216 JUPITER, FL 33477

17.0	D	0	Ñ	O ^T	F.1	ΝI	RJ	T	E
4	IN		ΓH	IIS	: \$	P	A(3 E	=

The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and accep
SIGNATURE		
Signature, typed or printed name of registered agent and take it applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	NEVES, TERRY
STREET ADDRESS	900 E. INDIANTOWN ROAD, SUITE 216
CITY-\$1-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	·
NAME	
STREET ADDRESS	
CITY-S1-ZIP	
TITLE	
NAMÉ	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby of indicated	certify that the information supplied with this filing does not quality for the on this report is true and accurate and that my signature shall have the s

DO NOT WRITE IN THIS SPACE

11. I hereby certily that the information supplied with this filing does not quality 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:	Dem	_/	[] - '	1	/~~

EPRESENTATIVE

Oate

Daytime Phone #