## **2005 LIMITED LIABILITY COMPANY**

## **FILED** - Mar 09, 2005 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # L03000016700** Entity Name DOUBLE M, LLC Principal Place of Business Mailing Address P.O. BOX 210847 1 1066 54TH STREET NORTH WEST PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33421 02182005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 73-1665811 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAXWELL, MIRIAM A DO NOT WRITE 11066 54TH STREET NORTH WEST PALM BEACH, FL 33411 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 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 SURPRENANT, MARIA NAME 875 ALHAMBRA CIRCLE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33146 TITLE MAXWELL, MIRIAM A PO BOX 210847 STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP