


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

ph32 **FILED**
Mar 05 2005 08:00 AM
Secretary of State

DOCUMENT # L03000020843 1. Entity Name BAR DOUBLE R, L.L.C.	
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Principal Place of Business 4340 THORNHILL ROAD WINTER HAVEN, FL 33880	Mailing Address 4340 THORNHILL ROAD WINTER HAVEN, FL 33880
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02162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0066687	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 DEUPREE, RENEE N 4340 THORNHILL ROAD WINTER HAVEN, FL 33880
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEUPREE, RENEE N 4340 THORNHILL ROAD WINTER HAVEN, FL 33880
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Renée N. Deupree* **3-2-05 863-640-4015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #