

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000035343

FILED
Oct 12, 2005
Secretary of State

Entity Name: DOUBLE "U" INVESTMENTS, L.L.C.

Current Principal Place of Business:

9084 NORTH PALAFOX STREET
PENSACOLA, FL 32534

New Principal Place of Business:

2613 HIGHWAY 95A SOUTH
CANTONMENT, FL 32533

Current Mailing Address:

9084 NORTH PALAFOX STREET
PENSACOLA, FL 32534

New Mailing Address:

2613 HIGHWAY 95A SOUTH
CANTONMENT, FL 32533

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CHAD A
9084 NORTH PALAFOX STREET
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

WILLIAMS, CHAD A
2613 HIGHWAY 95A SOUTH
CANTONMENT, FL 32533 US

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.

SIGNATURE: CHAD A WILLIAMS

10/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, CHAD A
Address: 5477 HAMILTON LANE
City-St-Zip: PACE, FL 32571

Title: MGRM () Delete
Name: WILLIAMS, DEBORAH J
Address: 7434 FLOYD DRIVE
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, CHAD A
Address: 2613 HIGHWAY 95A SOUTH
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHAD A WILLIAMS

MGRM

10/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date