2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000040213

1. Entity Name

DOUBLE DRAGON ENTERPRISES, LLC

Principal Place of Business	Mailing Address
411 WALNUT ST. #874 GREEN COVE SPRINGS FL 32043	411 WALNUT ST. #874 GREEN COVE SPRINGS FL 32043

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 16-1691044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRAZIER, CLARENCE F 1548 LANCASTER TERR. JACKSONVILLE FL 32204	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, EDWIN B 411 WALNUT ST #874 GREEN COVE SPRINGS FL 32043 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 03/12/06 00002 019 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAZIER, BARBARA C 411 WALNUT ST #874 GREEN COVE SPRINGS FL 32043 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Edwin Bert Miller 3/27/06 386-328-5002