2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED

Feb 02, 2007 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



01292007 No Chg-LLC

CR2E083 (11/05)

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

FRAZIER, CLARENCE F 1548 LANCASTER TERR.

DO NOT WRITE

JACKSONVILLE, FL 32204		IN THIS SPACE
	named entity submits this statement for the purpose of cha ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and talle if applicable.	(NOTE, Registered Agent signature required when renotating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, EDWIN B 411 WALNUT ST #874 GREEN COVE SPRINGS, FL 32043	U00000617672 02/07/07-80093-018 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAZIER, BARBARA C 411 WALNUT ST #874 GREEN COVE SPRINGS, FL 32043	04/07/07-80083-018 50.00
NTLE NAME Street Address City-St-Zip		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify 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.

NAME STREET ADDRESS CITY-ST-ZIP