

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040627

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: DOUBLE B PROPERTIES, LLC

**Current Principal Place of Business:**

3119 MANATEE AVE. WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1192  
ONECO, FL 34264

**New Mailing Address:**

FEI Number: 20-0432378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNES, GARRET T  
BARNES WALKER, CHARTERED  
3119 MANATEE AVE. WEST  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROWN, DARYL  
Address: P.O. BOX 1192  
City-St-Zip: ONECO, FL 34264

Title: MGRM ( ) Delete  
Name: BASS, BARRY  
Address: 11653 8TH AVE. CIRCLE EAST  
City-St-Zip: BRADENTON, FL 34212

Title: MGRM ( ) Delete  
Name: BASS, LESLIE  
Address: 11653 8TH AVE. CIRCLE EAST  
City-St-Zip: BRADENTON, FL 34212

**ADDITIONS/CHANGES:**

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

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

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 Chapter 119, 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: DARYL BROWN

MGRM

04/18/2006

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