

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040627

FILED
Apr 23, 2008
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: MGRM (X) Change () Addition
Name: BASS, BARRY
Address: 8917 MANOR LOOP #101
City-St-Zip: BRADENTON, FL 34202

Title: MGRM (X) Change () Addition
Name: BASS, LESLIE
Address: 8917 MANOR LOOP #101
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information supplied with this filing does not qualify 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

MR

04/23/2008

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