

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000008663

FILED  
Nov 07, 2006  
Secretary of State

Entity Name: DOUBLETREE LLC

**Current Principal Place of Business:**

13399 DOUBLETREE CIR  
WELLINGTON, FL 33414

**New Principal Place of Business:**

13399 DOUBLETREE CIRCLE  
WELLINGTON, FL 33414

**Current Mailing Address:**

13399 DOUBLETREE CIR  
WELLINGTON, FL 33414

**New Mailing Address:**

13399 DOUBLETREE CIRCLE  
WELLINGTON, FL 33414

FEI Number: 20-0735869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YZAGUIRRE, ANDRES  
13399 DOUBLETREE CIRCLE  
WELLINGTON, FL 33414 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: YZAGUIRRE, SHARRON  
Address: 13399 DOUBLETREE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete  
Name: YZAGUIRRE, ANDRES  
Address: 13399 DOUBLETREE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: YZAGUIRRE, SHARON  
Address: 13399 DOUBLETREE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

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: ANDRES YZAGUIRRE

MGRM

11/07/2006

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