2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90016 001 ****55.00

DOCUMENT # L04000018964

1. Entity Name
DOUBLE "D" INVESTMENT GROUP, LLC

Principal Place of Business	Mailing Address
265 S.W. PORT SAINT LUCIE BLVD SUITE 133 PORT SAINT LUCIE, FL 34984	265 S.W. PORT SAINT LUCIE BLVD SUITE 133 PORT SAINT LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE

04042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUFRESNE, RAMCES G
265 S.W. PORT SAINT LUCIE BLVD., STE. 133
PORT SAINT LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DUFRESNE, R.G.
STREET ADDRESS	265 S.W. PORT SAINT LUCIE BLVD., STE. 133
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	MGR Delete From Record
NAME	DUFRESNE, J.J. NO LONGER MANAGER
STREET ADDRESS	265 S.W. PORT SAINT LUCIE BLVD., STE. 133
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	MNGR
NAME	DUFRESNE, JACQUES
STREET ADDRESS	265 S.W. PORT SAINT LUCIE BLVD, Ste 133
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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.

SIGNATURE: _____ R. G. DUFRESNE 04/04/06 1-800-872-5532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

200027950

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04/04/06

From: Double "D" Investment Group, LLC
265 S.W. Port Saint Lucie BLVD Suite 133
Port Saint Lucie, FL 34984

To: Division of Corporations
P.O. Box 6198
Tallahassee, Fl 32314

Re: Updating new managing member to:

1- Mngr, Dufresne, Jacques

2- Mngr, delete from record
Dufresne, J. J.

Respectfully,

Dufresne, R. G.
Mngr