

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
**265 S.W. PORT SAINT LUCIE BLVD
SUITE 133
PORT SAINT LUCIE, FL 34984**

Mailing Address
**265 S.W. PORT SAINT LUCIE BLVD
SUITE 133
PORT SAINT LUCIE, FL 34984**



04042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required
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8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

R. G. DUFRESNE

Date

Daytime Phone #

04/04/06 1-800-872-5532

ATTACHMENT
20027950
#Z04000 018964

04/04/06

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

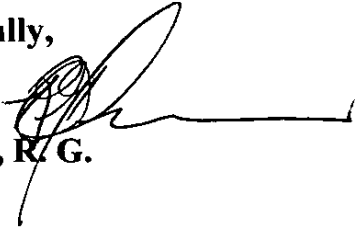
**To: Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314**

Re: Updating new managing member to:

1- Mngr, Dufresne, Jacques

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

Respectfully,


**Dufresne, R. G.
Mngr**