


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000018964 1. Entity Name DOUBLE "D" INVESTMENT GROUP, LLC	
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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
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01242007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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, 2007**

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	MGRM DUFRESNE, JACQUES 265 SW PORT ST. LUCIE BLVD., SUITE 133 PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/21/07-80039-004 50.00

**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

02/8/07 786-260-5708

Date

Daytime Phone #