2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000018964

1. Entity Name

DOUBLE "D" INVESTMENT GROUP, LLC



Principal Place of Business

Mailing Address

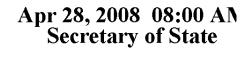
265 S.W. PORT SAINT LUCIE BLVD SUITE 133

PORT SAINT LUCIE, FL 34984

265 S.W. PORT SAINT LUCIE BLVD

SUITE 133

PORT SAINT LUCIE, FL 34984



FILED



04232008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. IFEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

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

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

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The above named entity submits this statement for the purpose of changi the obligations of registered agent.	ing its registered office or registered agent, or both, i	n the State of Florida I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	DAIL

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000924833 AS/20/08-80003-003 138.75

9.	MANAGING MEMBERS/MANAGERS	
THLE NAME STRIET 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 STRICT ADDRESS OILY-SI-ZIP		
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 feetyer printingies empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Davima Phone #