

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000056955

Entity Name: DOUBLE EAGLES LLC

FILED
May 10, 2006
Secretary of State

Current Principal Place of Business:

43-46 NORRE GADE #137
ST. THOMAS VIRGIN ISLANDS
00802, XX

Current Mailing Address:

P.O. BOX 267
ST. THOMAS VIRGIN ISLANDS
00804, XX

New Principal Place of Business:

333 THIRD AVENUE N
SUITE 400
ST PETERSBURG, FL 33701 XX

New Mailing Address:

P.O. BOX 429
ST PETERSBURG, FL 33731 XX

FEI Number: 20-2589207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

JENKINS, DAVID A
333 THIRD AVENUE NORTH
SUITE 400
ST PETERSBURG, FL 33701 US

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: DAVID A JENKINS

05/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JJM FUND MANAGEMENT, LLC
Address: 43-46 NORRE GADE #137/ ST. THOMAS
City-St-Zip: VIRGIN ISLANDS 00802,

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JJM FUND MANAGEMENT, LLC
Address: 333 THIRD AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33701

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: JEAN GETTING IRWIN

MGR

05/10/2006

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