FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90092 024 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000002655

1. Entity Name
DOUBLE M, LLC

60004753

Principal Place of Business	Mailing Address
200 LAKE MORTON DR. SUITE 300 LAKELAND, FL 33801	200 LAKE MORTON DR. SUITE 300 LAKELAND, FL 33801

01072008 Chg-LLC CR2E063 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
200 Lake Morton Dr	200 Lake Morton Dr
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Lakeland FL	City & State Lakeland FL
Zip 33801 Country USA	Zip 33801 Country USA

4. FEI Number 20-2146622 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, E. SNOW JR 200 LAKE MORTON DRIVE LAKELAND, FL 33801	Name E. Snow Martin Jr. Street Address (P.O. Box Number is Not Acceptable) 200 Lake Morton Drive Suite 200 City Lakeland FL Zip Code 33801

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] E. Snow Martin Jr. 1/8/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONIA, TERESA L 3333 CLEVELAND HEIGHTS BOUELVARD LAKELAND, FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONIA, STEPHEN S 3333 CLEVELAND HEIGHTS BOUELVARD LAKELAND, FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Stephen S. Madonia 1/8/08 863-6887611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #