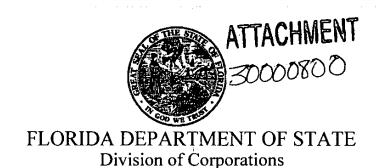
2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: 1

Secretary of State **DOCUMENT # L05000017070** 01-25-2006 90049 043 ****50.00 DOUBLE PLAY INVESTORS, LLC Principal Place of Business Mailing Address 30000000 1730 SW CRANE CREEK AVENUE P.O. BOX 2512 PALM CITY, FL 34990 PALM CITY, FL 34991 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 01172006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 0-393294 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent RODGERS, MARK 1730 SW CRANE CREEK AVENUE Street Address (P.O. Box Number is Not Acceptable) PALM CITY, FL 34990 City Zip Code 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.5 (NOTE: Registered Agent signature required when remain DATE Filing Fee is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9 ADDITIONS/CHANGES me ☐ Delete TITLE RODGERS, MARK NULLE STREET ADDRESS 1730 SW CRANE CREEK AVENUE STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-7P MGR TITLE ☐ Delete ☐ Addition ☐ Change FLEMING, GARY NAME NULE STREET ADDRESS 5508 SW ORCHID BAY DRIVE STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-S1-20 CITY - ST - ZIP ☐ Deteta TITLE ☐ Change ☐ Addition NA NUME STREET ADDRESS STREET ADDRESS CITY-ST-Z# CITY-ST-21P TITLE ☐ Detate mh £ ☐ Chance Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete DTLE MLE ☐ Change ☐ Addition NAME KULE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZZP 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 tha limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 2919-586/255 1/20/04

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb 21, 2006 8:00 am



January 30, 2006

DOUBLE PLAY INVESTORS, LLC P.O. BOX 2612 PALM CITY, FL 34991

Subject: DOUBLE PLAY INVESTORS, LLC

Reference Number:

L05000017070

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION