

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018448

FILED  
May 01, 2006  
Secretary of State

Entity Name: DOBLE DE PARTNERS, LLC

**Current Principal Place of Business:**

1153 TOWN CENTER DRIVE  
SUITE 202  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

1153 TOWN CENTER DRIVE  
SUITE 202  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number: 20-2418025      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:**

**Name and Address of New Registered Agent:**

MUNIZ, TERE S  
1153 TOWN CENTER DRIVE  
SUITE 202  
JUPITER, FL 33458 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DE GUARDIOLA, GEORGE  
Address: 1153 TOWN CENTER DRIVE, SUITE 202  
City-St-Zip: JUPITER, FL 33458

Title: MGRM ( ) Delete  
Name: DE GUARDIOLA, EDUARD  
Address: 1360 PEACHTREE STREET NE, SUITE 1000  
City-St-Zip: ATLANTA, GA 30309

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GEORGE DE GUARDIOLA

MGMR

05/01/2006

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