

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000041405

**FILED**  
**Jan 14, 2009**  
**Secretary of State**

**Entity Name:** DOUBLE E, L.L.C.

**Current Principal Place of Business:**

15 CARROTWOOD CT  
 FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

15 CARROTWOOD CT  
 FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

JAVEDAN, LI-SU H  
 15 CARRÖTWOOD COURT  
 FORT MYERS, FL 33919 US

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

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: MGR ( ) Delete  
 Name: JAVEDAN, LI-SU H  
 Address: 15 CARROTWOOD COURT  
 City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: LI-SU H. JAVEDAN MGR 01/14/2009  
   Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date