2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Aug 28, 2006 8:00 am Secretary of State 07-25-2006 90083 009 ****50.00

CUMENT # L05000048 iy Name iBLESHOT2, LLC	3718			
Place of Business	Mailing Address	CT DAGNONAV #4 400		

DOCUMENT # L05000048718 1. Entity Name DOUBLESHOT2, LLC			07-25-2006 90083 009 ****50.00						
10859 EMER	Principal Place of Business 10859 EMERALD COAST PARKWAY, #4-409 DESTIN, FL 32550 Mailing Address 10859 EMERALD COAST PARK DESTIN, FL 32550		WAY, #4-409	AAAYMAIA					
Principal Place of Business 3. Mailing Address									
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.		07192006	Chg-LLC	CR2E083 (11/05	i)			
City & State	9	City & State		4. FEI Num 20 -		37	Applied For Not Applicable		
Zip	Country	Ζip	Cour	stry 5. Certificat		e of Status Desired	S5.00 A		
	Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
CALDWELL, LYNN A			Name Street Address (P.O. Box Number is Not Acceptable)						
				City			FL Zp Co	de	
8. The above	named entity submits this statement to	or the purpose of changing its	s register	ed office or register	ed agent, or b	oth, in the State of Flo		and accept	
	ions of registered agent.			-				, and socopi	
SIGNATURE .	Signesure, typed or printed name of registered agent	and title if applicable. (NO	TÉ: Regissere	id Agent eigneszre required	when remetating)		DATE		
Filing Fee is \$50.00 Due by September 6, 2006					e check payable to Department of Sta				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS /	CHANGES		
me	MGR	Delete	អារ				☐ Change	Addition	
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TITLE		☐ Delete	m	F			☐ Change	Addition	
NAME STREET ADDRESS			STRE	EET ADORESS					
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NAME STREET ADDRESS				223900A T33					
CITY-ST-ZIP		ship films door on a rest of		-S1-ZIP	in Chanta : ***	Borida Statute 15	ahar and to the start of	lamatin-	
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 similar liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: - Cololwill 7/22/06									
Joigna	V		****	A LUTHANITA DE ARTES	WT 4 T 6 C				