

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90065 042 ***138.75

DOCUMENT # L05000075031 1. Entity Name DOUBLE EAGLE RESOURCES, LLC			
Principal Place of Business 2000 PALM BEACH LAKES BLVD SUITE# 205 WEST PALM BEACH, FL 33409		Mailing Address 2000 PALM BEACH LAKES BLVD SUITE# 205 WEST PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box # 717-3 NE 12 TERRACE Suite, Apt. #, etc.		3. Mailing Address 717-3 NE 12 TERRACE Suite, Apt. #, etc.	
City & State BOYNTON BEACH Zip 33435 Country USA		City & State BOYNTON BEACH Zip 33435 Country USA	
4. FEI Number 81-0676850		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required.	
6. Name and Address of Current Registered Agent HAYWORTH, ROBERT S 2000 PALM BEACH LAKES BLVD SUITE# 205 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name HAYWORTH, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 717-3 NE 12 TERRACE City BOYNTON BEACH FL Zip Code 33435	
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 _____ (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 HAYWORTH, ROBERT S 2000 PALM BEACH LAKES BLVD STE# 205 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYWORTH, ROBERT S 717-3 NE 12 TERRACE BOYNTON BEACH FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STORY, ROBERT E 2000 PALM BEACH LAKES BLVD STE# 205 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STORY, ROBERT E 3597 LIBBY COURT WEST PALM BEACH FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Date 02-18-08 Daytime Phone # 561-209-6800	