

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077531

Entity Name: DOUBLE T GROUP LLC

FILED
Jul 14, 2006
Secretary of State

Current Principal Place of Business:

577 CALIBRE CREST PKWY
SUITE # 104
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

577 CALIBRE CREST PKWY
SUITE # 104
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

577 CALIBRE CREST PKWY
SUITE # 104
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

577 CALIBRE CREST PKWY
SUITE # 104
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-3277502 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:

MIRANDA, ESTEBAN C
577 CALIBRE CREST PKWY
104
ALTAMONTE SPRINGS, FL 32714 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: MIRANDA, ESTEBAN C
Address: 577 CALIBRE CREST PKWY # 104
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MIRANDA, ESTEBAN C
Address: 577 CALIBRE CREST PKWY # 104
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: ESTEBAN C. MIRANDA

MGR

07/14/2006

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