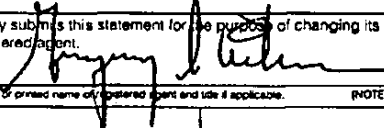
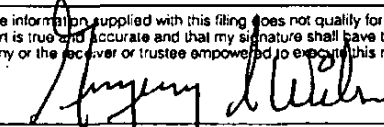


FILED
May 11, 2006 8:00 am
Secretary of State

04-24-2006 90061 044 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000114927			
1. Entity Name DOUBLE EAGLE HOLDINGS, LLC			
Principal Place of Business 1408 S.W. 8TH STREET POMPANO BEACH, FL 33069		Mailing Address 1408 S.W. 8TH STREET POMPANO BEACH, FL 33069	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4075800		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		CR2E083 (11/05)	
6. Name and Address of Current Registered Agent MAFFEI, GEORGE P ESQ. 633 S.E. 3RD AVENUE, SUITE 4-R FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name GREGORY S. WILSON Street Address (P.O. Box Number is Not Acceptable) 1408 SW 8TH STREET City POMPANO BEACH FL Zip Code 33069	
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  PRES. DATE 4-17-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MGR GREGORY S. WILSON 1408 SW 8TH STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MGR GREGORY E. FLINT 1408 SW 8TH STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  PRES. DATE 4-17-06 9:49:41 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			