

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122012

Entity Name: DOUBLE CROWN, LLC

FILED
Jul 20, 2007
Secretary of State

Current Principal Place of Business:

527 CARIBBEAN DRIVE
SLIP 60
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

140 PLANTATION DRIVE
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 20-4000302 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:

Name and Address of New Registered Agent:

TIMOTHY NICHOLAS THOMES, P.A.
99198 OVERSEAS HIGHWAY
SUITE 8
KEY LARGO, FL 33037 US

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: MGRM () Delete
Name: ADAMS, TERRY K
Address: 140 PLANTATION DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM () Delete
Name: ADAMS, CINDY
Address: 140 PLANTATION DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM () Delete
Name: AQUIA, JENNIFER
Address: 140 PLANTATION DRIVE
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES:

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

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

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: CINDY ADAMS

MGRM

07/20/2007

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