

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013342

FILED
Apr 06, 2007
Secretary of State

Entity Name: DOUBLE M INVESTMENTS LLC

Current Principal Place of Business:

515 N. FLAGLER DRIVE, SUITE 300 PAVILLION
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1601 BELVEDERE RD
SUITE 200E
WEST PALM BEACH, FL 33406

Current Mailing Address:

515 N. FLAGLER DRIVE, SUITE 300 PAVILLION
WEST PALM BEACH, FL 33401

New Mailing Address:

1601 BELVEDERE RD
SUITE 200E
WEST PALM BEACH, FL 33406

FEI Number: 20-4303598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABOT, MICHAEL
515 N. FLAGLER DRIVE, SUITE 300 PAVILLION
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

CABOT, MICHAEL
1601 BELVEDERE RD
SUITE 200E
WEST PALM BEACH, FL 33406 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: MICHAEL M. CABOT

04/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CABOT, MICHAEL
Address: 515 N. FLAGLER DRIVE, SUITE 300 PAVILLION
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CABOT, MICHAEL
Address: 1601 BELVEDERE RD SUITE 200E
City-St-Zip: WEST PALM BEACH, FL 33406

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: MICHAEL M. CABOT

MGR

04/06/2007

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