

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90047 006 \*\*\*\*50.00

**DOCUMENT # L95000000642**

1. Entity Name  
**DOUBLE C STABLES, L.C.**



Principal Place of Business  
**245 BRAZILIAN AVE.  
PALM BEACH, FL 33480**

Mailing Address  
**P.O. BOX 299  
SEACLIFF, WY 11579**

**20040395**



2. Principal Place of Business  
**6501 S. Flagler Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04182005 Chg-LLC CR2E083 (10/03)

City & State  
**West Palm Beach FL**  
Zip  
**33405** Country  
**USA**

City & State  
Zip Country

4. FEI Number  
**65-0611403** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORNACCHIA, JOSEPH  
245 BRAZILIAN AVENUE  
PALM BEACH, FL 33480**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CORNACCHIA, JOSEPH  
245 BRAZILIAN AVE.  
PALM BEACH, FL 33480** ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**6501 S FLAGLER DRIVE  
WEST PALM BEACH FL 33405** ☒ 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

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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 exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/14/05 561 202 1930**