
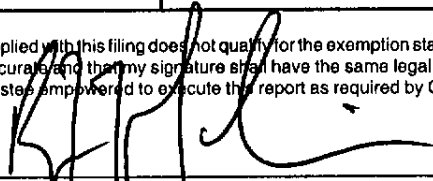


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|--|---------------------------|--|---|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 98 APR 29 AM 9:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # L98000000009 | | | |
| DOUBLE RL ENTERPRISES, L.C. 114 N.W. 12TH STREET DELRAY BEACH FL 33444 | | 1a. Principal Place of Business Address 114 N.W. 12TH STREET DELRAY BEACH FL 33444 | | | |
| 2. Principal Place of Business 1499 SW 50th Ave Suite, Apt. #, etc. Suite 3 City & State Boynton Beach FL 33426 Zip 33426 | | 2a. Mailing Address Same Suite, Apt. #, etc. City & State Zip USA | | 3. Date Organized or Qualified 12/31/1997 | |
| | | | | 3a. State of Formation FL | |
| | | | | 4. FEI Number 65-0800923 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Date of Last Report None | | 6. Certificate of Status Desired <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent VALASHINAS, KIMBERLY M 114 N.W. 12TH STREET DELRAY BEACH FL 33444 | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 800002512038-9 -05/05/98--01136--016 ****188.75 ****188.75 FL | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | VALASHINAS, ROBERT L | 114 N.W. 12TH STREET | | DELRAY BEACH FL | |
| MGRM | VALASHINAS, KIMBERLY M | 114 N.W. 12TH STREET | | DELRAY BEACH FL | |
| MGRM | MURPHY, ROBERT J JR | DELRAY DUNES COUNTRY CLUB | | BOYNTON BEACH FL | |
| AL APR 30 1998 | | | | | |

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  4-10-98 364-9100
 SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #