

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$38.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000009 DOUBLE RL ENTERPRISES, L.C. 1499 SW 30TH AVE., SUITE 3 BOYNTON BEACH FL 33426

1a. Principal Place of Business Address 1499 SW 30TH AVE., SUITE 3 BOYNTON BEACH FL 33426

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	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 04/29/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <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. 000002961768 City -08/17/99--01032--007 Zip Code ****188.75 ****188.75 FL
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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

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:  8-1-99 561-364-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 20, 1999

DOUBLE RL ENTERPRISES, L.C.
1499 SW 30TH AVE., SUITE 3
BOYNTON BEACH, FL 33426

SUBJECT: DOUBLE RL ENTERPRISES, L.C.
Ref. Number: L98000000009

We have received your document for DOUBLE RL ENTERPRISES, L.C., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$188.75.

You may resubmit this report (and your attached letter ^{*}) with a check for \$188.75, and we will file your report without the \$400 late fee. Please make the correction requested below.

The document must be signed by a member or manager of the limited liability company.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Lee Rivers
Document Specialist
Division of Corporations

** not
returned*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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