

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000009

FILED
Jan 14, 2005
Secretary of State

Entity Name: DOUBLE RL ENTERPRISES, L.C.

Current Principal Place of Business:

1499 SW 30TH AVE.
SUITE 5
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1499 SW 30TH AVE.
SUITE 5
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-0800923 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VALASHINAS, KIMBERLY M
1499 SW 30TH AVE.
SUITE 5
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: VALASHINAS, ROBERT L
Address: 1499 S.W. 30TH AVE, SUITE 5
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM () Delete
Name: VALASHINAS, KIMBERLY M
Address: 1499 S.W. 30TH AVE, SUITE 5
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM () Delete
Name: MURPHY, ROBERT J JR
Address: 1499 S.W. 30TH AVE., SUITE 5
City-St-Zip: BOYNTON BEACH, FL 33426

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 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 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: ROBERT VALASHINAS

MGR

01/14/2005

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