

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005642

**FILED**  
**Apr 06, 2005**  
**Secretary of State**

**Entity Name:** DOUBLE EAGLE CAPITAL, LLC

**Current Principal Place of Business:**

1535 N. PARK DRIVE, SUITE 103  
WESTON, FL 33326

**New Principal Place of Business:**

1301 SHOTGUN ROAD  
WESTON, FL 33326

**Current Mailing Address:**

1535 N. PARK DRIVE, SUITE 103  
WESTON, FL 33326

**New Mailing Address:**

521 MANDALAY AVE  
802  
CLEARWATER BEACH, FL 33767

**FEI Number:** 16-1566590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BICZ, MARGARET C  
521 MANDALAY AVE., UNIT 802  
CLEARWATER, FL 33767 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: BICZ, MARGARET  
Address: 521 MANDALAY AVENUE, UNIT 802  
City-St-Zip: CLEARWATER BEACH, FL 33767

**ADDITIONS/CHANGES:**

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: MARGARET C. BICZ

MGRM

04/06/2005

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