

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M07000002087

FILED
Mar 26, 2008
Secretary of State**Entity Name:** DOUBLE D INVESTMENTS, LLC**Current Principal Place of Business:**818 WHITE STREET
SUITE 9
KEY WEST, FL 33040**New Principal Place of Business:**818 WHITE STREET
SUITE 8
KEY WEST, FL 33040**Current Mailing Address:**818 WHITE STREET
SUITE 9
KEY WEST, FL 33040**New Mailing Address:**818 WHITE STREET
SUITE 8
KEY WEST, FL 33040**FEI Number:** 20-8637266**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BURRUSS, WILLIAM F JR
818 WHITE STREET
SUITE 9
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**BURRUSS, WILLIAM F JR
818 WHITE STREET
SUITE 8
KEY WEST, FL 33040 US

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: /WFB/

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: BURRUSS, WILLIAM F JR
Address: 818 WHITE STREET
City-St-Zip: KEY WEST, FL 33040**Title:** MGRM (X) Delete
Name: FRANKLIN, JAMES
Address: 2141 NE 19TH AVE.
City-St-Zip: WILTON MANORS, FL 33305**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: BURRUSS, WILLIAM F JR
Address: 818 WHITE STREET SUITE 8
City-St-Zip: KEY WEST, FL 33040**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: /WFB/

MGRM

03/26/2008

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