


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # L05000099870<br>1. Entity Name<br>DOUBLE AGENTS LLC. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>51 SW 11TH STREET<br>SUITE 528<br>MIAMI, FL 33313-0 | Mailing Address<br>51 SW 11TH STREET<br>SUITE 528<br>MIAMI, FL 33313-0 |
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**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-LLC CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-3603655 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTHE & LEIGH LLP.  
2455 E. SUNRISE BLVD.  
SUITE 602  
FORT LAUDERDALE, FL 33304

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>NAIVAIN, DIDIER<br>51 SW 11TH STREET, SUITE 528<br>MIAMI, FL 33130 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

U00000676406  
03/30/07-80059-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_