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FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL	
OMB Number: 3235-0076	
Expires: March 31, 2009	
Estimated average burden hours per response: 4.00	

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer: Double Jacks Burger Bar I, LLC

Jurisdiction of Incorporation/Organization: Illinois

Year of Incorporation/Organization (Select one):  Over Five Years Ago  Within Last Five Years (specify year) 2007  Yet to Be Formed

Previous Name(s):  None

Entity Type (Select one):  Corporation  Limited Partnership  Limited Liability Company  General Partnership  Business Trust  Other (Specify)

(If more than one issuer is filing this notice, check this box  and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1: 2380 Esplanade Drive

Street Address 2:

City: Algonquin State/Province/Country: IL ZIP/Postal Code: 60102 Phone No.: 847-458-8878

Item 3. Related Persons

Last Name: Condo First Name: Joseph Middle Name:

Street Address 1: 2507 Achilles Lane Street Address 2:

City: Crystal Lake State/Province/Country: IL ZIP/Postal Code: 60014

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary): Manager

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(Identify additional related persons by checking this box  and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture
- Banking and Financial Services
  - Commercial Banking
  - Insurance
  - Investing
  - Investment Banking
  - Pooled Investment Fund
- Business Services
- Energy
  - Electric Utilities
  - Energy Conservation
  - Coal Mining
  - Environmental Services
  - Oil & Gas
  - Other Energy
- Construction
- REITS & Finance
- Residential
- Other Real Estate
- Health Care
  - Biotechnology
  - Health Insurance
  - Hospitals & Physicians
  - Pharmaceuticals
  - Other Health Care
- Manufacturing
- Real Estate
  - Commercial
- Retailing
- Restaurants
- Technology
  - Computers
  - Telecommunications
  - Other Technology
- Travel
  - Airlines & Airports
  - Lodging & Conventions
  - Tourism & Travel Services
  - Other Travel
- Other

If selecting this industry group, also select one fund type below and answer the question below:

- Hedge Fund
- Private Equity Fund
- Venture Capital Fund
- Other Investment Fund

Is the issuer registered as an investment company under the Investment Company Act of 1940?  Yes  No

- Other Banking & Financial Services



**Item 5. Issuer Size (Select one)**

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

**Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)**

- Rule 504(b)(1) (not (i), (ii) or (iii))
- Rule 504(b)(1)(i)
- Rule 504(b)(1)(ii)
- Rule 504(b)(1)(iii)
- Rule 505
- Rule 506
- Securities Act Section 4(6)

Investment Company Act Section 3(c)

- Section 3(c)(1)
- Section 3(c)(2)
- Section 3(c)(3)
- Section 3(c)(4)
- Section 3(c)(5)
- Section 3(c)(6)
- Section 3(c)(7)

- Section 3(c)(9)
- Section 3(c)(10)
- Section 3(c)(11)
- Section 3(c)(12)
- Section 3(c)(13)
- Section 3(c)(14)

**Item 7. Type of Filing**

- New Notice      OR       Amendment

Date of First Sale in this Offering:  OR  First Sale Yet to Occur

**Item 8. Duration of Offering**

Does the issuer intend this offering to last more than one year?       Yes       No

**Item 9. Type(s) of Securities Offered (Select all that apply)**

- Equity
- Debt
- Option, Warrant or Other Right to Acquire Another Security
- Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
- Pooled Investment Fund Interests
- Tenant-in-Common Securities
- Mineral Property Securities
- Other (Describe)

**Item 10. Business Combination Transaction**

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?       Yes       No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 12,500

Item 12. Sales Compensation

Recipient information including Recipient CRD Number, (Associated) Broker or Dealer, Street Address 1 and 2, City, State/Province/Country, ZIP/Postal Code, and States of Solicitation.

Item 13. Offering and Sales Amounts

Offering and Sales Amounts section with fields for (a) Total Offering Amount, (b) Total Amount Sold, (c) Total Remaining to be Sold, and a Clarification of Response box.

Item 14. Investors

Investors section with checkboxes for non-accredited investors and input fields for the number of such investors and total investors.

Item 15. Sales Commissions and Finders' Fees Expenses

Sales Commissions and Finders' Fees Expenses section with input fields for amounts and checkboxes for estimates, plus a Clarification of Response box.

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 10,000

Estimate

Clarification of Response (if Necessary)

This amount represents the Management Fee that was to be paid to the Company Manager.

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.\*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box [X] and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

Double Jacks Burger Bar, LLC & Double Jacks I, LLC

Name of Signer

Joseph Condo

Signature

[Handwritten Signature]

Title

Manager

Number of continuation pages attached:

2

Date

3/12/09

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Items 1 and 2 Continuation Page

Item 1 and 2. Issuer's Identity and Contact Information (Continued)

Name of Issuer <b>Double Jacks I, LLC</b>		Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type (Select one) <input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> General Partnership <input type="radio"/> Business Trust <input type="radio"/> Other (Specify)
Jurisdiction of Incorporation/Organization <b>Illinois</b>			
Year of Incorporation/Organization (Select one) <input type="radio"/> Over Five Years Ago <input checked="" type="radio"/> Within Last Five Years (specify year) <b>2007</b> <input type="radio"/> Yet to Be Formed			

At your option, supply separate contact information for this issuer:

Street Address 1 <b>2380 Esplanade Drive</b>		Street Address 2 <b>Ste 100</b>	
City <b>Algonquin</b>	State/Province/Country <b>IL</b>	ZIP/Postal Code <b>60102</b>	Phone No. <b>847-458-8878</b>

Name of Issuer		Previous Name(s) <input type="checkbox"/> None	Entity Type (Select one) <input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> General Partnership <input type="radio"/> Business Trust <input type="radio"/> Other (Specify)
Jurisdiction of Incorporation/Organization			
Year of Incorporation/Organization (Select one) <input type="radio"/> Over Five Years Ago <input type="radio"/> Within Last Five Years (specify year) <input type="text"/> <input type="radio"/> Yet to Be Formed			

At your option, supply separate contact information for this issuer:

Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	Phone No.

Name of Issuer		Previous Name(s) <input type="checkbox"/> None	Entity Type (Select one) <input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> General Partnership <input type="radio"/> Business Trust <input type="radio"/> Other (Specify)
Jurisdiction of Incorporation/Organization			
Year of Incorporation/Organization (Select one) <input type="radio"/> Over Five Years Ago <input type="radio"/> Within Last Five Years (specify year) <input type="text"/> <input type="radio"/> Yet to Be Formed			

At your option, supply separate contact information for this issuer:

Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	Phone No.

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Ramsett      First Name: Terrance      Middle Name:   
Street Address 1: 3531 Persimmon Drive      Street Address 2:   
City: Algonquin      State/Province/Country: IL      ZIP/Postal Code: 60102  
Relationship(s):  Executive Officer    Director    Promoter  
Clarification of Response (if Necessary):

Last Name: Mirchef      First Name: Nick      Middle Name:   
Street Address 1: 1590 Crowfoot Circle      Street Address 2:   
City: South Hoffman Estates      State/Province/Country: IL      ZIP/Postal Code: 60169  
Relationship(s):  Executive Officer    Director    Promoter  
Clarification of Response (if Necessary):

Last Name:      First Name:      Middle Name:   
Street Address 1:      Street Address 2:   
City:      State/Province/Country:      ZIP/Postal Code:   
Relationship(s):  Executive Officer    Director    Promoter  
Clarification of Response (if Necessary):

Last Name:      First Name:      Middle Name:   
Street Address 1:      Street Address 2:   
City:      State/Province/Country:      ZIP/Postal Code:   
Relationship(s):  Executive Officer    Director    Promoter  
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)