


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000006010
 1. Entity Name
THREE PEAS, LLC



Principal Place of Business Mailing Address
607 APALACHEE CIR NE **607 APALACHEE CIR NE**
ST PETERSBURG, FL 33702 **ST PETERSBURG, FL 33702**

DO NOT WRITE IN THIS SPACE



06292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
59-3652268 Not Applicable

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

6. Name and Address of Current Registered Agent
JONES, DAVID
607 APALACHEE CIR NE
ST PETERSBURG, FL 33702

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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 David E. Jones **DAVID E. JONES** *managing member* 6/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DAVID 607 APALACHEE CIR NE ST PETERSBURG, FL 33702
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 07/05/05-80014-016 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David E. Jones **DAVID E. JONES** *Mgr* 6/29/05 (727) 577-9926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #