


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
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



04092007No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3652268	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000724293
 05/02/07-80106-015 50.00

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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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: David E. Jones **DAVID E. JONES** April 17 07 727-577-9976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #