


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000006010

1. Entity Name
THREE PEAS, LLC



Principal Place of Business 607 APALACHEE CIR NE ST PETERSBURG, FL 33702	Mailing Address 607 APALACHEE CIR NE ST PETERSBURG, FL 33702
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-LLC CR2E083 (12/07)

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**

DO NOT WRITE IN THIS SPACE

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: 

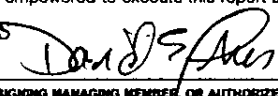
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	JONES, DAVID 607 APALACHEE CIR NE ST PETERSBURG, FL 33702
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

U000000347898
 06/02/08-80033-013.138.75

DO NOT WRITE IN THIS SPACE

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.

DAVID E. JONES 

SIGNATURE: _____

4/24/2008 7275779976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #