2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000369

1. Entity Name
THREE SISTERS OF TALLAHASSEE, LLC

Principal Place of Business	Mailing Address
9006 BOB O'LINK CT. TALLAHASSEE, FL 32312	9006 BOB O'LINK CT. TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3638236
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUZZO, JANICE C
9006 BOB O'LINK CT.
TALLAHASSEE, FL 32312

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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, 2004

U00000033950
02/05/04-80063-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOY, REBECCA S
STREET ADDRESS	3752 TOM JOHN LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	MGRM
NAME	GUZZO, JANICE C
STREET ADDRESS	9006 BOB O'LINK CT.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	CULBRETH PALMER, PATRICIA
STREET ADDRESS	8352 CHICKASAW TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Janice C. Guzzo 2-2-04 878-5310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone Number

0104-0544