


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90152 019 ****50.00

DOCUMENT # L02000014418

1. Entity Name
TRES AMIGOS, LLC



Principal Place of Business Mailing Address
6639 SOUTHPOINT PARKWAY, SUITE 106 **6639 SOUTHPOINT PARKWAY, SUITE 106**
JACKSONVILLE, FL 32216 **JACKSONVILLE, FL 32216**

60024332



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4181 Southpoint DR E **4181 Southpoint DR, E.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
400 **400**

02262007 Chg-LLC CR2E083 (12/06)

City & State City & State
JACKSONVILLE FL **JACKSONVILLE FL**
 Zip Country Zip Country
32216 **USA** **32216** **USA**

4. FEI Number Applied For
30-0109057 Not Applicable

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

6. Name and Address of Current Registered Agent
LEWIS, MURRAY A
6639 SOUTHPOINT PARKWAY, SUITE 106
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEWIS, MURRAY A 6639 SOUTHPOINT PARKWAY, SUITE 106 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Murray A Lewis* **3-13-07** **904-296-0901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

60024332

Division of Corporations**Annual Report**

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Document Number L02000014418
Business Entity Name TRES AMIGOS, LLC
FEI Number 300109057
FEI Number Status
Certificate of Status Desired No

Principal Place of Business

Address 4181 SOUTHPOINT DRIVE EAST,
Suite, Apt. #, etc. SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216

Mailing Address

Address 4181 SOUTHPOINT DRIVE EAST,
Suite, Apt. #, etc. SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216

Name and Address of Registered Agent

Name (Last, First, Middle, Title) LEWIS, MURRAY, A, MGRM
Address 4181 SOUTHPOINT DRIVE EAST,
Suite, Apt. #, etc. SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216 US
Registered Agent Signature MURRAY A. LEWIS

Managing Member/Manager Name and Address

Title MGRM
Name (Last, First, Middle, Title) LEWIS, MURRAY, A, MGRM
Street Address 4181 SOUTHPOINT DRIVE EAST SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216

Title

MGRM

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Managing Member/Manager Signature MURRAY A. LEWIS

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