


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000021501</b>					
1. Entity Name <b>3 AMIGOS MINING CO. LLC</b>					
Principal Place of Business <b>142 PINE HILL TRAIL WEST TEQUESTA FL 33469</b>			Mailing Address <b>142 PINE HILL TRAIL WEST TEQUESTA FL 33469</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>83-0361766</b> <span style="float: right;">Applied For Not Applicable</span>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RIPMA, GORDON 142 PINE HILL TRAIL WEST TEQUESTA FL 33469</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					



1st MOORE CR2E083 (10/05)

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RIPMA, GORDON</b>		NAME		
STREET ADDRESS	<b>142 PINE HILL TRAIL WEST</b>		STREET ADDRESS	<b>U00000490129</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>		CITY-ST-ZIP	<b>04/18/06-80043-013 50.00</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAHAM, DAVID RAY</b>		NAME		
STREET ADDRESS	<b>142 PINE HILL TRAIL WEST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>		CITY-ST-ZIP		
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SUTLIFF, ERNEST GLENN</b>		NAME		
STREET ADDRESS	<b>142 PINE HILL TRAIL WEST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **3/31/06**      **561 744 0301**