


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000045061

1. Entity Name
3RD & 3RD DEVELOPMENT CO., LLC



Principal Place of Business
**544 1ST AVENUE SOUTH
 NAPLES FL 34102**

Mailing Address
**544 1ST AVENUE SOUTH
 NAPLES FL 34102**



03022006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0449584 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOUGHERTY, F. MICHAEL
 544 1ST AVENUE SOUTH
 NAPLES, FL 34102**

**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 _____ 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, 2006**

U00000456063
 03/16/06-80014-009 50.00

**DO NOT WRITE
 IN THIS SPACE**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHEN J. LOCKWOOD & COMPANY, LLC 9 ATLANTIC AVE MARBLEHEAD, MA 01945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGHERTY, F. MICHAEL 544 1ST AVENUE SOUTH NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **3/2/06**

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