2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 27, 2006 8:00 am Secretary of State

DOCUMENT # L05000088085 1. Entity Name				03-14-2006 90198 012 ****50.00		
3 T.D.A., LLC				9		
Principal Place of Business Mailing Address				7		
119 EAST PARK AVENUE PO BOX 1675 TALLHASSEE FL 32301 TALLAHASSEE FL 32301			1			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #. etc.		1st MOORE CR2E083 (10/05)		
Cay & State		City & State		4. FEI Number Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent		
WINN, JUDY A			<u> </u>			
1424	4 OXBOTTOM ROAD 1.		Street Address	s (P.O. Box Number is Not Acceptable)		
			City	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. Tam familiar with, and accept						
the obligations of registered agent.						
SIGNATURE Signature, typout as presided Hanne or respectment inparts used late is applicable. (MOTE Harpstonia Against segreption responsed when revisioning) OATE						
FILE NOW!!! FEE IS \$50:00						
Make Check Payable to Florida Department of						
Due By May 1, 2006						
9. MANAGING MEMBERS/MANAGERS			10.	ADDITIONS/CHANGES		
TITLE NAME	MGRM	Oelste	TITLE	☐ Change ☐ Addition		
STREET ADORESS	WINN, JUDY A 1424 OXBOTTOM ROAD		STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP			
TITUE,		☐ Delete	OTLE	☐ Change ☐ Addition		
NAME			NAME			
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NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-71P			CITY-ST-ZIP			
INTE		☐ Delete	ımı:	☐ Change ☐ Addstion		
NAME			NAME	_ ,		
STREET ADDRESS CITY-ST-7IP			STREET ADDRESS CITY-ST-2P			
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STREET ADDRESS	1		STREET ADDRESS	ł		
CITY-ST-ZEP			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 it 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: 3-1.06 850-893-3035 SIGNATURE AND TYPED ORYPRINTED MAME OF SIGNING MANAGEM MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DIM Doywing Prove B



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2006

3 T.D.A., LLC PO BOX 1675 TALLAHASSEE, FL 32301

Subject: 3 T.D.A., LLC

Reference Number:

-L05000088085

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj ANNUAL REPORTS SECTION