


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 16, 2008 08:00 AM
Secretary of State

| | |
|-----------------------------------|---|
| DOCUMENT # L06000113645 |  |
| 1. Entity Name RATH THREE, LLC | |

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|---|---|
| Principal Place of Business 5405 CYPRESS CENTER DRIVE, STE 320 TAMPA FL 33609 | Mailing Address 5405 CYPRESS CENTER DRIVE, STE 320 TAMPA FL 33609 |
|---|---|



| | |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc | Suite, Apt. #, etc |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E083 (10/07)

4. FEI Number: 20-8156950 Applied For: Not Applicable

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

| | |
|---|---|
| 6. Name and Address of Current Registered Agent HOLCOMB, VICTOR W ESQ 201 A ARMENIA AVE TAMPA FL 33609 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|---|---|

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's signature required when renewing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RATH, FRED H 5405 CYPRESS CENTER DR SUITE 320 TAMPA FL 33609 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000900690 04/29/08-80039-004 138.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Fred H. Rath* 3/31/08 813-636-8861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE