FILED
Jul 17, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000000790

1. Entity Name
3 DAUGHTERS, LLC

Principal Place of Business	Mailing Address
431 FAYETTE AVENUE MAMARONECK, NY 10543	431 FAYETTE AVENUE MAMARONECK, NY 10543

07102006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3905436
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREILICH, HOWARD K
775 LONGBOAT CLUB ROAD, UNIT 401
LONGBOAT KEY, FL 34228

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 September 5, 2006

U00000570509
07/17/06-80005-003 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FREILICH, HOWARD K
STREET ADDRESS	6 CAREY DRIVE
CITY-ST-ZIP	BEDFORD, NY 10506
TITLE	MGRM
NAME	FREILICH, LOUISE
STREET ADDRESS	6 CAREY DRIVE
CITY-ST-ZIP	BEDFORD, NY 10506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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