

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 11, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000028815**

1. Entity Name  
**SEIFRIEDS 3, LLC**



Principal Place of Business

**3816 AUTUMN DRIVE  
HURON, OH 44839**

Mailing Address

**3816 AUTUMN DRIVE  
HURON, OH 44839**



01302005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2122530</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CLASP INC.  
3001 TAMiami TRAIL NORTH, 4TH FLOOR  
NAPLES, FL 34103**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SEIFRIED, F. STANLEY 1883 GRANDVIEW DRIVE OAKLAND, CA 94618</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRANSKY, PHYLLIS 3816 AUTUMN DRIVE HURON, OH 44839</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LUZIO, ELIZABETH 6 GAINSBOROUGH COURT MANALAPAN, NJ 07726</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/11/05-80056-005 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Phyllis Bransky*

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

*2/7/05*

Date

*419-627-4670*

Daytime Phone #