2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028815

1. Entity Name
SEIFRIEDS 3, LLC

Principal Place of Business	Mailing Address
3816 AUTUMN DRIVE HURON, OH 44839	3816 AUTUMN DRIVE HURON, OH 44839

01152006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2122530
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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7. 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

MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SEIFRIED, F. STANLEY
STREET ADDRESS	1883 GRANDVIEW DRIVE
CITY-ST-ZIP	OAKLAND, CA 94618
TITLE	MGR
NAME	BRANSKY, PHYLLIS
STREET ADDRESS	3816 AUTUMN DRIVE
CITY-ST-ZIP	HURON, OH 44839
TITLE	MGR
NAME	LUZIO, ELIZABETH
STREET ADDRESS	6 GAINSBOROUGH COURT
CITY-ST-ZIP	MANALAPAN, NJ 07726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80093-025 50.00

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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: Phyllis Bransky 1/16/06 419-627-4670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #