


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000090082 1. Entity Name THE 3 G'S LLC	
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Principal Place of Business 8541 BELLE MEADE DRIVE FORT MYERS, FL 33908 US	Mailing Address 8541 BELLE MEADE DRIVE FORT MYERS, FL 33908 US
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 38-3727743	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOBLE, STEVE 8541 BELLE MEADE DRIVE FORT MYERS, FL 33908

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.

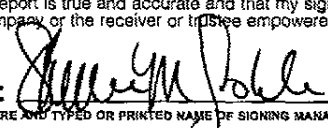
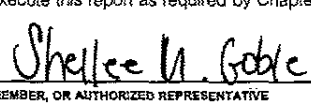
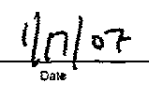
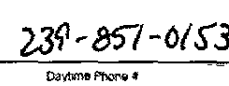
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOBLE, STEVE 8541 BELLE MEADE DRIVE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOBLE, SHELLEE 8541 BELLE MEADE DRIVE FORT MYERS, FL 33908
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<p>U00000603661 01/29/07-80021-019 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 #