


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001569
 1. Entity Name
GROUP 3 INVESTMENTS, LLLP



Principal Place of Business Mailing Address
1017 FRANKLAND ROAD **1414 DISTANT OAKS DR**
TAMPA, FL 33629 **WESLEY CHAPEL, FL 33543**



01092006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4562209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CFRA, LLC
4221 W. BOY SCOUT BLVD.
TAMPA, FL 33607-5736

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

1100000384519
 01/17/06-80017-006 500.00


A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GALLAGHER, GARY E 1017 FRANKLAND ROAD TAMPA, FL 33629
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ARMSTRONG, WILLIAM M 1017 FRANKLAND ROAD TAMPA, FL 33629
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DONLAD, THOMAS 1017 FRANKLAND ROAD TAMPA, FL 33629
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  1-9-06 813 765 9296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #