

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 25, 2006
Secretary of State**

DOCUMENT# L00000014454

Entity Name: 3S, LLC

Current Principal Place of Business:

521 CAMPUS STREET
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

521 CAMPUS STREET
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3682656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIEF, FRANK J III
442 W. KENNEDY BLVD., STE. 340
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OPHEIM, STEVEN
Address: 3154 ISLAND VIEW DRIVE
City-St-Zip: MOUND, MN 55364

Title: MGRM () Delete
Name: SAMSON, HAROLD N
Address: 521 CAMPUS STREET
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM (X) Delete
Name: GRIESSER, FRANCIS
Address: 9315 KNIGHTBRIDGE CT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HAROLD N. SAMSON

MGRM

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date