

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000116

1. Entity Name

THE THREE ANGELS INVESTMENT COMPANY, L.L.C.



Principal Place of Business

**709 VILLAGRANDE AVE SOUTH
SAINT PETERSBURG, FL 33707**

Mailing Address

**709 VILLAGRANDE AVE SOUTH
SAINT PETERSBURG, FL 33707**



03232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

02-0561384

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HANNA, MARGUERITE
709 VILLAGRANDE AVE SOUTH
SAINT PETERSBURG, FL 33707**

**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/statuting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGRM
NAME HANNA, MARGUERITE
STREET ADDRESS 709 VILLAGRANDE AVE SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33707**

**TITLE MGRM
NAME HANNA, RAAFAT
STREET ADDRESS 709 VILLAGRANDE AVE SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33707**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

**1100000401858
04/17/06-00051-004 50.00**

**DO NOT WRITE
IN THIS SPACE**

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:

Rafael Ham

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

Date

3/23/06

Daytime Phone #