2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000116

1. Entity Name
THE THREE ANGELS INVESTMENT COMPANY, L.L.C.

Principal Place of Business	Mailing Address
709 VILLAGRANDE AVE SOUTH SAINT PETERSBURG, FL 33707	709 VILLAGRANDE AVE SOUTH SAINT PETERSBURG, FL 33707

DO NOT WRITE IN THIS SPACE

03052007 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

6. Name and Address of Current Registered Agent

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

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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. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000659727
03/16/07-00045-002 50.00

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

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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: _____ 3/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #