

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001520

Entity Name: 3BROS, LLC

FILED
Sep 05, 2006
Secretary of State

Current Principal Place of Business:

986 ALVEREZ AVE
THE VILLAGES, FL 32159 US

New Principal Place of Business:

Current Mailing Address:

9485 REGENCY SQ BLVD # 107
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 26-0035703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROHAN, ROBERT J
412 NE 16TH AVENUE
SUITE 110
GAINESVILLE, FL 32601 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: BROWNE, BETH
Address: 7311 RAMOTH DRIVE
City-St-Zip: JACKSONVILLE, FL 32296

Title: MGRM () Delete
Name: ROHAN, PAUL
Address: 7311 RAMOTH DRIVE
City-St-Zip: JACKSONVILLE, FL 32296

Title: MGRM () Delete
Name: ROHAN, TIMOTHY R
Address: 709 HUDSON LN
City-St-Zip: LADY LAKE, FL 32159

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: PAUL ROHAN

MGRM

09/05/2006

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