


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000012796**


1. Entity Name  
**THREE C, LLC**



Principal Place of Business  
**3475 WEST WILD DUNES PLACE  
 LECANTO, FL 34461**

Mailing Address  
**3475 WEST WILD DUNES PLACE  
 LECANTO, FL 34461**

**DO NOT WRITE IN THIS SPACE**



07202004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BROCKETT, CLAUDIA M  
 3475 WEST WILD DUNES PLACE  
 LECANTO, FL 34461**

**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 *Claudia Brockett*      7-19-04      DATE

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00  
 Due by September 8, 2004**

000000167923  
 07/23/04-80001-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROCKETT, CLAUDIA 3475 W. WILD DANES PL LECANTO, FL 34461
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Claudia Brockett*      7-19-04      352462685      DATE      Daytime Phone #

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