

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013179

Entity Name: 3 R'S, L.L.C.

FILED
Jan 28, 2004
Secretary of State

Current Principal Place of Business:

35236 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

352360 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

New Mailing Address:

35236 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

FEI Number: 35-2170037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWLEY, JOHN L
478 OLD OAK CIRCLE
PALM HARBOR, FL 34683

Name and Address of New Registered Agent:

ROWLEY, JOHN L
35236 U.S. HWY. 19 N.
PALM HARBOR, FL 34684

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:

01/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ROWLEY, BONITA T
Address: 478 OLD OAK CR.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: ROWLEY, KATE M
Address: 478 OLD OAK CR.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: ROWLEY, JOHN L
Address: 478 OLD OAK CR.
City-St-Zip: PALM HARBOR, FL 34683

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 Section 119.07(3)(i), 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: JOHN L. ROWLEY

MEMB

01/28/2004

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