## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017498
1. Entity Name
TANGIBLE INVESTMENTS 3, L.L.C.



FILED Mar 15, 2006 08:00 AM Secretary of State

Principal Place of Business C/O ANTHONY ROBLEDO 8180 NW 36 STREET, #100 MIAMI, FL 33166 Mailing Address

C/O ANTHONY ROBLEDO B180 NW 36 STREET, #100 MIAMI, FL 33166



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 02272006 No Chg-LLC
 CR2E083 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

ROBLEDO, ANTHONY 8180 NW 36 STREET, SUITE 100 MIAMI, FL 33166

## DO NOT WRITE IN THIS SPACE

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3. The above the obliga	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
Signature, typed or punted name of registered agent and title if applicable		(NOTE Registered Agent signature required when reliability) DA78		
F	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS 131Y-ST-ZIP	MGRM ACEBO, PEDRO 215 EAST 15 STREET HIALEAH, FL 33010			
MAME NAME STRLET ADDRESS CITY-ST-ZIP	_			U00000468150 03/24/06-80019-017 55.00
UTLE NAME STREET AUDRESS CHY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME RESET ADDRESS				

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 it 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 performed by Chapter 608, Florida Statutes.

SIGNATURE:

THY-ST-ZIP

THE
NAME
STREET ADDRESS
CHY-ST-ZIP

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

Onte

Daytime Phone if