

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90073 030 ****50.00

DOCUMENT # L02000017936

1. Entity Name
F.R.B. THREE, LLC



Principal Place of Business
5709 N. OCEAN BOULEVARD
OCEAN RIDGE, FL 33435 US

Mailing Address
5709 N. OCEAN BOULEVARD
OCEAN RIDGE, FL 33435 US

DO NOT WRITE IN THIS SPACE



07132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
55-0835469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRK GRANTHAM, P.A.
1860 FOREST HILL BOULEVARD
105
WEST PALM BEACH, FL 33406

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BERNHEIM, FRED R
5709 N. OCEAN BOULEVARD
OCEAN RIDGE, FL 33435

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Fred Bernheim

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

Date

Daytime Phone #