
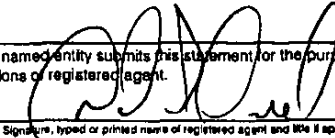
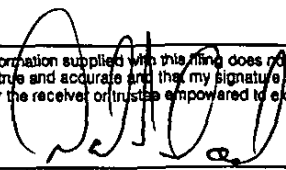


**FILED**  
**Sep 07, 2005 8:00 am**  
**Secretary of State**

09-07-2005 90003 010 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L02000018200</b>			
1. Entity Name <b>3 - ARM - Z LLC</b>			
Principal Place of Business <b>524 WESTWOOD CIRCLE WEST PALM BEACH, FL 33411</b>		Mailing Address <b>524 WESTWOOD CIRCLE WEST PALM BEACH, FL 33411</b>	
2. Principal Place of Business <b>4609 HUNTING TRAIL</b>		3. Mailing Address <b>4609 HUNTING TRAIL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKE WORTH, FLORIDA</b>		City & State <b>LAKE WORTH, FLORIDA</b>	
Zip <b>33467</b>	Country <b>USA</b>	Zip <b>33467</b>	Country <b>usa</b>
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		08282005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent <b>ARMSEY, DONALD L 524 WESTWOOD CIRCLE WEST PALM BEACH, FL 33411</b>		7. Name and Address of New Registered Agent Name <b>DAVID MCDEAVITT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4609 HUNTING TRAIL</b> City <b>LAKE WORTH</b> FL <b>33467</b>	
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  <b>David McDeavitt</b> 8/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMSEY, DONALD L 524 WESTWOOD CIRCLE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID MCDEAVITT 4609 HUNTING TRAIL LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEFFREY HOGUE 1556 STONE HAVEN ESTATE DRIVE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR A. O'NEAL BATES 6900 DWIGHT ROAD WEST PALM BEACH, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		8/30/05 561-718-1592 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

ATTACHMENT

*Law Offices of  
D. Justin Niles, P.A.*

*20067861*  
*# L020000 18200*

200 WEST PALMETTO PARK ROAD  
SUITE 301  
BOCA RATON, FLORIDA 33432  
(561) 447-9600  
Telecopier: (561) 447-0059  
E-mail: [djniles@djnpa.com](mailto:djniles@djnpa.com)

September 2, 2005

***Via FedEx***

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

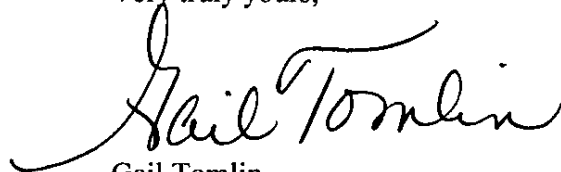
Re: 3-Arm-Z LLC

Ladies and Gentlemen:

Enclosed please find the completed 2005 Annual Report for 3-Arm-Z LLC, along with our firm's check #9052 payable to the Florida Department of State in the amount of \$50.00, representing payment for the filing of the Annual Report.

If you have any questions or comments regarding the enclosures, please contact our offices immediately at (800) 811-4924.

Very truly yours,



Gail Tomlin  
Secretary for D. Justin Niles

Enclosures  
gft  
cc: 3-Arm-Z LLC