

STEVENS POWELL CO

Fax: 904-448-9795

Ap

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90034 015 \*\*\*\*\$5.00

DOCUMENT # L02000021297

1. Entity Name  
 THREE B ENTERPRISES, LLC



Principal Place of Business  
 9850 ATLANTIC BLVD.  
 JACKSONVILLE, FL 32225

Mailing Address  
 9850 ATLANTIC BLVD.  
 JACKSONVILLE, FL 32225

2005000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-LLC CR2E083 (11/05)

City &amp; State

City &amp; State

4. FEI Number

61-1423078

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSH, JOHN P  
 9850 ATLANTIC BLVD.  
 JACKSONVILLE, FL 32225

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

Filing Fee is \$50.00  
 Due by May 1, 2006

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete  
 NAME BUSH, JR., TOM M  
 STREET ADDRESS 9850 ATLANTIC BLVD  
 CITY-ST-ZIP JACKSONVILLE, FL 32225

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGR ☐ Delete  
 NAME BUSH, III, TOM M  
 STREET ADDRESS 9850 ATLANTIC BLVD  
 CITY-ST-ZIP JACKSONVILLE, FL 32225

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGR ☐ Delete  
 NAME BUSH, JOHN P  
 STREET ADDRESS 9850 ATLANTIC BLVD  
 CITY-ST-ZIP JACKSONVILLE, FL 32225

☒ Change ☐ Addition  
 TITLE MGRM  
 NAME Bush John P  
 STREET ADDRESS 9850 Atlantic Blvd  
 CITY-ST-ZIP Jacksonville, FL 32225

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

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

Managing Member

4-17-06 904-725-0911

Date

Daytime Phone #

John P. Bush