


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000021297</b> 1. Entity Name <b>THREE B ENTERPRISES, LLC</b>	
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Principal Place of Business <b>9850 ATLANTIC BLVD. JACKSONVILLE, FL 32225</b>	Mailing Address <b>9850 ATLANTIC BLVD. JACKSONVILLE, FL 32225</b>
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**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>61-1423078</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable


**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUSH, III, TOM M 9850 ATLANTIC BLVD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSH, JOHN P 9850 ATLANTIC BLVD JACKSONVILLE, FL 32225
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U00000712283  
04/26/07-80038-017 55.00

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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.

<b>SIGNATURE:</b>  <b>John P Bush</b>	<b>4-11-07</b>	<b>904-725-0911</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>