### 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L02000021297

THREE B ENTERPRISES, LLC



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

9850 ATLANTIC BLVD. JACKSONVILLE, FL 32225 Mailing Address

9850 ATLANTIC BLVD. JACKSONVILLE, FL 32225



04072008 No Chg-LLC

CR2E083 (12/07)

4, FEI Number 61-1423078

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS	MGR BUSH, III, TOM M 9850 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CXTY-ST-ZIP	MGRM BUSH, JOHN P 9850 ATLANTIC BLVD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	

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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

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