

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008927

FILED  
Feb 22, 2004  
Secretary of State

Entity Name: MOUNTAIN CAY THREE, L.L.C.

**Current Principal Place of Business:**

301 W. PLATT STREET, STE. 329  
TAMPA, FL 336062292

**New Principal Place of Business:**

10460 ROOSEVELT BLVD.  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

301 W. PLATT STREET, STE. 329  
TAMPA, FL 336062292

**New Mailing Address:**

10460 ROOSEVELT BLVD  
ST. PETERSBURG, FL 33716

FEI Number: 27-0053990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEATON, KAREN S  
2816 BEACH BLVD.  
ST. PETERSBURG, FL 33707 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ESSERMAN, LOUIS A  
Address: 301 W. PLATT STREET, STE. 329  
City-St-Zip: TAMPA, FL 336062292

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ESSERMAN, LOUIS A  
Address: 908 ANCHORAGE RD  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Change (X) Addition  
Name: ESSERMAN, LINDA M  
Address: 908 ANCHORAGE RD  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LOUIS ESSERMAN

MGR

02/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date