

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

02-12-2004 90117 003 ****50.00

DOCUMENT # L03000019042 1. Entity Name ALBRITTON FAMILY INVESTMENTS L-3 LLC					
Principal Place of Business 5053 OCEAN BLVD. SARASOTA, FL 34242			Mailing Address 5053 OCEAN BLVD. SARASOTA, FL 34242		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. Box 19707 Suite, Apt. #, etc.		
City & State Sarasota FL			City & State Sarasota FL		
Zip	Country	Zip	Country	4. FEI Number 200160780	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required.		6. Name and Address of Current Registered Agent MIRMAN, LEE 5053 OCEAN BLVD. SARASOTA, FL 34242			
7. Name and Address of New Registered Agent Name CLASP INC. Street Address (P.O. Box Number is Not Acceptable) 3001 Tamiami Trail N. 4th Floor City Naples FL Zip Code 34103				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. CLASP INC., Registered Agent By: <i>[Signature]</i> Scott Duval, Vice President 4-29-04 SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renouncing)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	
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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: <i>Linda Gail Strong</i> Linda Gail Strong 2/9/04 941-342-4921 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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