


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90287 024 \*\*\*\*50.00

<b>DOCUMENT # L03000019042</b>	
1. Entity Name <b>ALBRITTON FAMILY INVESTMENTS L-3 LLC</b>	

Principal Place of Business <b>5053 OCEAN BLVD. SARASOTA, FL 34242</b>	Mailing Address <b>P.O. BOX 19707 SARASOTA, FL 34276</b>
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2. Principal Place of Business <b>4167 Malden Dr.</b>	3. Mailing Address <b>Suite, Apt. #, etc.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Sarasota, FL</b>	City & State
Zip <b>34241</b>	Country
Zip	Country



03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0160780**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>CLASP INC. 3001 TAMiami TRAIL N. 4TH FLOOR NAPLES, FL 34103</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - <input type="checkbox"/> Delete <b>IBIS MANAGEMEN L-6 LLC PO BOX 19707 SARASOTA, FL 34276</b>	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:** Robert C. Albritton 3/23/05 941-342-4921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #