2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000028815

1. Entity Name
SEIFRIEDS 3, LLC

Principal Place of Business	Mailing Address
3816 AUTUMN DRIVE HURON, OH 44839	3816 AUTUMN DRIVE HURON, OH 44839

01302005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2122530
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLASP INC.
3001 TAMIAMI TRAIL NORTH, 4TH FLOOR
NAPLES, FL 34103

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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SEIFRIED, F. STANLEY
STREET ADDRESS	1883 GRANDVIEW DRIVE
CITY-ST-ZIP	OAKLAND, CA 94618
TITLE	MGR
NAME	BRANSKY, PHYLLIS
STREET ADDRESS	3816 AUTUMN DRIVE
CITY-ST-ZIP	HURON, OH 44839
TITLE	MGR
NAME	LUZIO, ELIZABETH
STREET ADDRESS	6 GAINSBOROUGH COURT
CITY-ST-ZIP	MANALAPAN, NJ 07726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000225780
02/11/05-80056-005 50.00

DO NOT WRITE IN THIS SPACE

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: Phyllis Bransky 2/7/05 419-627-4670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #