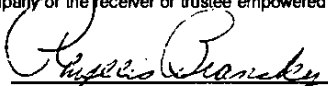


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # L03000028815 1. Entity Name SEIFRIEDS 3, LLC		
Principal Place of Business 3816 AUTUMN DRIVE HURON, OH 44839	Mailing Address 3816 AUTUMN DRIVE HURON, OH 44839	
DO NOT WRITE IN THIS SPACE		
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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		
Filing Fee is \$50.00 Due by May 1, 2007		
U000000593106 01/22/07-80019-001 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR SEIFRIED, F. STANLEY 1883 GRANDVIEW DRIVE OAKLAND, CA 94618	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR BRANSKY, PHYLLIS 3816 AUTUMN DRIVE HURON, OH 44839	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR LUZIO, ELIZABETH 6 GAINSBOROUGH COURT MANALAPAN, NJ 07726	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



01152007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2122530	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

01/16/07 419-627-4670
Date Daytime Phone #