2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# L03000039657

Entity Name: L3O LLC

Current Principal Place of Business:

4801 BOCA RATON BLVD
101
BOCA RATON, FL 33431

New Principal Place of Business:

4160 NW 1ST AVE
18
BOCA RATON, FL 33431

Current Mailing Address:

4801 BOCA RATON BLVD
101
BOCA RATON, FL 33431

New Mailing Address:

4160 NW 1ST AVE
18
BOCA RATON, FL 33431

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LALLO, JOHN K JR
4801 BOCA RATON BLVD
101
BOCA RATON, FL 33431 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/MANAGERS:

Title: MGRM ( ) Delete
Name: LALLO, JOHN K JR
Address: 4801 BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete
Name: LALLO, MELISSA M
Address: 4801 BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete
Name: LALLO, ERICA L
Address: 4801 BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN K. LALLO JR. PRES 01/09/2006

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