

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010991

FILED
Apr 21, 2006
Secretary of State

Entity Name: THREE L DEVELOPMENT, L.L.C.

Current Principal Place of Business:

8109 ALISTER PLACE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

8109 ALISTER PLACE
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-0738676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, ROSALIE
8109 ALISTER PLACE
PORT ST. LUCIE, FL 34986 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 (X) Delete
Name: LEVINE, DAVID
Address: 8109 ALISTER PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: LEVINE, ROSALIE
Address: 8109 ALISTER PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MBR () Delete
Name: LEVINE, SETH
Address: 260 W. 15TH STREET
City-St-Zip: NEW YORK, NY 10011

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: ROSALIE LEVINE

MGRM

04/21/2006

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