

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017709

FILED
Apr 29, 2006
Secretary of State

Entity Name: 3 FEET FINANCING COMPANY LLC

Current Principal Place of Business:

888 SE 3RD AVE, STE 501
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

888 SE 3RD AVE, STE 501
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 20-1083529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMAN, M. AUSTIN
888 SE 3RD AVE
STE 501
FORT LAUDERDALE, FL 33316 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: MGR () Delete
Name: FORMAN, M. AUSTIN
Address: 888 SE 3RD AVE, STE 501
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR () Delete
Name: ESPOSITO, CHRISTOPHER
Address: 888 SE 3RD AVE, STE 501
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR () Delete
Name: GRADY, VICKI
Address: 888 SE 3RD AVE, STE 501
City-St-Zip: FORT LAUDERDALE, FL 33316

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: M. AUSTIN FORMAN

MGR

04/29/2006

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