APR-27-2006(THU) 13:31 Louis Scourtas & Assoc. (F

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State
05-11-2006 90018 005 ***150.00

DOCUMENT # L04000019607

1. Entity Name
THREE SIXTY HOLDINGS LLC

Principal Place of Business	Mailing Address
11266 WEST HILLSBOROUGH AVENUE # 313 TAMPA, FL 33635 US	11266 WEST HILLSBOROUGH AVENUE # 313 TAMPA, FL 33635 US

04272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
24761 US Hwy 19 N	24761 US Hwy 19 N
Suite, Apt. #, etc. 630	Suite, Apt. #, etc. 630
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33763 Country USA	Zip 33763 Country USA

4. FEI Number 20-0882824 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SCOURTAS, LOUIS C
24761 US HWY 19 N
SUITE 630
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL. Zip Code

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ELLIOT, ROGER J	NAME	
STREET ADDRESS	11266 WEST HILLSBOROUGH AVENUE #313	STREET ADDRESS	24761 US Hwy 19 N STE 630
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP	Clearwater, FL 33763
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOSER, THOMAS A	NAME	
STREET ADDRESS	2799 KISSIMMEE BAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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] R. Elliot 4/29/06 813-814-1805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #