


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90360 045 ****50.00

| | |
|---|---|
| DOCUMENT # L04000019607 |  |
| 1. Entity Name THREE SIXTY HOLDINGS LLC | |

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|---|---|
| Principal Place of Business 24761 US HWY 19 N 630 CLEARWATER, FL 33763 US | Mailing Address 24761 US HWY 19 N 630 CLEARWATER, FL 33763 US |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 2430 Estancia Blvd | 3. Mailing Address 2430 Estancia Blvd |
| Suite, Apt. #, etc. Suite 108 | Suite, Apt. #, etc. Suite 108 |
| City & State Clearwater, FL | City & State Clearwater, FL |
| Zip 33761 | Country US |

04242007 Chg-LLC CR2E083 (12/06)

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|------------------------------------|--|
| 4. FEI Number 20-0882824 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCOURTAS, LOUIS C 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 | |
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| 7. Name and Address of New Registered Agent Name Scourtas, Louis C. Street Address (P.O. Box Number is Not Acceptable) 2430 Estancia Blvd Suite 108 City Clearwater FL Zip Code 33761 | |
| 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 Louis C. Scourtas DATE 4/25/07 | |

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ELLIOT, ROGER J 24761 US HWY 19 N STE 630 CLEARWATER, FL 33763 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Elliott, Roger 2430 Estancia Blvd. Suite 108 Clearwater, FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MOSER, THOMAS A 2799 KISSIMMEE BAY CIRCLE KISSIMMEE, FL 34744 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #