### -2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L04000025529

1. Entity Name MY THREE SONS, L.L.C.

Principal Place of Business

2 HARGROVE GRADE PALM COAST, FL 32137 Mailing Address

2 HARGROVE GRADE PALM COAST, FL 32137

# **FILED** Jan 12, 2007 08:00 AM Secretary of State



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1625680 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D III 4 OLD KINGS ROAD, SUITE B PALM COAST, FL 32137

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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SIGNATURE	Signature, typed or printed name of registered agent and fille # applicable	(NOTE Registered Agent signature required when coinstating)	DATE
F	iling Fee is \$50.00 due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	MORELLO, MICHAEL G JR.		, 1.00. of the last of the las
STREET ADDRESS	2 HARGROVE GRADE		000000584154 01/12/07-80026-003 50.00
CITY-ST-ZIP	PALM COAST, FL 32137		01/15/07-80058-003 20.00
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			

The sharp council only as the statement for the purpose of changing its reciptored office or registered enert, or both in the State of Florida, Lam familiar with and accept

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is frue 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 flability company of the receiver of trustee ergowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: THE LAY MER	MICHAEL & MOREL	COJR 1	110/07:	382/44850	2
CICUATION AND TYPICO OF CONTEN NAME OF SIGNING MANAGING MEM	RER OR AUTHORIZED REPRESENTATIVE	Date	Daytime P	hane#	