


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 15 AM 9:52

DOCUMENT # L04000025766			
1. Entity Name THREE TIGERS, LLC			
Principal Place of Business 1823 CRAYTON ROAD NAPLES, FL 34103		Mailing Address 1823 CRAYTON ROAD NAPLES, FL 34103	
2. Principal Place of Business <i>7425 Bay Colony Dr</i>		3. Mailing Address <i>7425 Bay Colony Dr</i>	
Suite, Apt. #, etc. <i>3910P</i>		Suite, Apt. #, etc. <i>34108</i>	
City & State <i>Naples, FL</i>		City & State <i>Naples, FL</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 20-2020910		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLASP INC. 3001 TAMiami TRAIL NORTH, 4TH FL NAPLES, FL 34103		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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORTEY, BRIAN T 1823 CRAYTON ROAD NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Charlotte Londer</i> <i>7425 Bay Colony Dr.</i> <i>Naples, FL 34108</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <i>Charlotte Londer</i>		Date: <i>10/20/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	