2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000030054

1. Entity Name
THREE IN ONE LTD. CO.

2U0Zб011

01112005   Chg-LLC   CR2E083 (10/03)

Principal Place of Business	Mailing Address
ROUTE 5 BOX 41 COCHRAN, GA 31014	ROUTE 5 BOX 41 COCHRAN, GA 31014

2. Principal Place of Business	**3.** Mailing Address
	790 La Plaza Ave. S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State St. Petersburg FL
Zip	Country	Zip 33707	County USA

4. FEI Number — Applied For / ✓ Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
RAMBOW, T 790 LA PLAZA AVENUE SOUTH ST. PETERSBURG, FL 33707	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, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		**10.**		ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, J ROUTE 5 BOX 41 COCHRAN, GA 31014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ 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: _J. Brown_   _1-17-05_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #