

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90027 041 ****50.00

DOCUMENT # L04000045788

1. Entity Name
THREE BULL HOLDINGS LLC



Principal Place of Business
**1228 WEST AVENUE, STE. 801
MIAMI BEACH, FL 33139**

Mailing Address
**1228 WEST AVENUE, STE. 801
MIAMI BEACH, FL 33139**

20035760

2. Principal Place of Business

7419 GILLINGHAM ROW
Suite, Apt. #, etc.

3. Mailing Address

7419 GILLINGHAM ROW
Suite, Apt. #, etc.



04112006 Chg-LLC CR2E083 (11/05)

City & State

ALEXANDRIA VA

City & State

ALEXANDRIA VA

4. FEI Number

55-0872178

Applied For

Not Applicable

Zip
22315

Country
USA

Zip
22315

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960**

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARANSKY, STEPHEN
1228 WEST AVENUE, STE. 801
MIAMI BEACH, FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HOCHMAN, MARC
15 FAESCH COURT
ROCKAWAY, NJ 07866** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAGERMAN, DAVE
46 NORTHERN SPY RD
FRANKLIN, MA 02038** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7419 GILLINGHAM ROW
ALEXANDRIA, VA 22315** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/20/06

Daytime Phone #