

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045788

FILED
Apr 30, 2009
Secretary of State

Entity Name: THREE BULL HOLDINGS LLC

Current Principal Place of Business:

7419 GILLIGHAM ROW
ALEXANDRIA, VA 22315

New Principal Place of Business:

Current Mailing Address:

7419 GILLIGHAM ROW
ALEXANDRIA, VA 22315

New Mailing Address:

FEI Number: 55-0872178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARANSKY, STEPHEN
Address: 7419 GILLINGHAM ROW
City-St-Zip: ALEXANDRIA, VA 22315

Title: MGRM () Delete
Name: HOCHMAN, MARC
Address: 15 FAESCH COURT
City-St-Zip: ROCKAWAY, NJ 07866

Title: MGRM () Delete
Name: HAGERMAN, DAVE
Address: 46 NORTHERN SPY RD
City-St-Zip: FRANKLIN, MA 02038

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HOCHMAN, MARC
Address: 3140 N. SHEFFIELD AVE., #701
City-St-Zip: CHICAGO, IL 60657

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN HARANSKY

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date