2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
May 16, 2005 8:00 am
Secretary of State

04-15-2005 90018 037 ****50.00

DOCUMENT # L04000046898

1. Entity Name

THE POWER OF THREE, LLC

Principal Place of Business	Mailing Address
5737 CREEK DALE DR. ORLANDO FL 32810 US	5737 CREEK DALE DR. ORLANDO FL 32810 US

2. Principal Place of Business	3. Mailing Address
6141 Raleigh Street	6141 Raleigh Street
Suite, Apt. #, etc. 1007	Suite, Apt. #, etc. 1007
City & State Orlando, florida	City & State Orlando, florida
Zip 32835 Country ORANGE	Zip 32835 Country ORANGE

1st MOORE CR2E083 (10/04)

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
WEBB, D'SAKIRROUNISH MS. 2720 MYRTLE AVE. MIMS FL 32754	Name: Jackson, David R MR Street Address (P.O. Box Number is Not Acceptable): 6141 Raleigh Street Apt. 1007 City: Orlando FL Zip Code: 32835

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: David R Jack — 3-29-05

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: WEBB, D'SAKIRROUNISH MS. STREET ADDRESS: 2720 MYRTLE AVE. CITY-ST-ZIP: MIMS FL 32754	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGRM NAME: WILLIAMS, LA'TISHA R MS. STREET ADDRESS: 940 NOVA TERRACE CITY-ST-ZIP: TITUSVILLE FL 32796	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGRM NAME: HENRY, MARK A MR. STREET ADDRESS: 5737 CREEK DALE DR. CITY-ST-ZIP: ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGRM NAME: JACKSON, DAVID R MR. STREET ADDRESS: 5737 CREEK DALE DR. CITY-ST-ZIP: ORLANDO FL 32810	☐ 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
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: David R Jack — 3-29-05 — 407-484-9512

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