# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**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.<br>ORLANDO FL 32810<br>US | 5737 CREEK DALE DR.<br>ORLANDO FL 32810<br>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

WEBB, D'SAKIRROUNISH MS.
2720 MYRTLE AVE.
MIMS FL 32754

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>WEBB, D'SAKIRROUNISH MS.<br>2720 MYRTLE AVE.<br>MIMS FL 32754 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>WILLIAMS, LA'TISHA R MS.<br>940 NOVA TERRACE<br>TITUSVILLE FL 32796 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>HENRY, MARK A MR.<br>5737 CREEK DALE DR.<br>ORLANDO FL 32810 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>JACKSON, DAVID R MR.<br>5737 CREEK DALE DR.<br>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 #