2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# L04000047426

Entity Name: THREE PROFESSIONALS, L.L.C.

Current Principal Place of Business:

404 JENKS AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

1123 CUTCHENS ROAD
SOUTH PORT, FL 32409

Current Mailing Address:

404 JENKS AVE.
PANAMA CITY, FL 32401

New Mailing Address:

P. O. BOX 1719
LYNN HAVEN, FL 32444

FEI Number: 74-3124744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIOIELLO, JOHN L
404 JENKS AVE.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

TENNYSON, GARY W
3135 LISENBY AVE.
PANAMA CITY, FL 32405 US

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: GARY W. TENNYSON 03/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GIOIELLO, JOHN L
Address: 404 JENKS AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PEADEN, MICHAEL D
Address: 1123 CUTCHENS ROAD
City-St-Zip: SOUTH PORT, FL 32409

Title: MGRM ( ) Change (X) Addition
Name: KING, LANNY
Address: 2519 WILLOW LANE
City-St-Zip: LYNN HAVEN, FL 32444 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL D. PEADEN MGRM 03/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date