2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# L04000047426

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

Current Principal Place of Business:

1123 CUTCHENS ROAD
SOUTH PORT, FL 32409

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1719
LYNN HAVEN, FL 32444

New Mailing Address:

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

Name and Address of Current Registered Agent:

TENNYSON, GARY W
3135 LISENBY AVE.
PANAMA CITY, FL 32405 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: PEADEN, MICHAEL D
Address: 1123 CUTCHENS ROAD
City-St-Zip: SOUTH PORT, FL 32409

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

ADDITIONS/CHANGES:

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

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: MICHAEL D. PEADEN MGRM 04/19/2009

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