

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052958

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

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

C/O JONNIE STURGES
760 NORTH COLLIER BLVD., #201
MARCO ISLAND, FL 34145

New Principal Place of Business:

593 110TH AVENUE NORTH
NAPLES, FL 34108 US

Current Mailing Address:

C/O JONNIE STURGES
760 NORTH COLLIER BLVD., #201
MARCO ISLAND, FL 34145

New Mailing Address:

311 SCANTIC ROAD
EAST WINDSOR, CT 06088 US

FEI Number: 51-0514474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SKRIVAN, KENT A ESQ.
C/O LAW OFFICES OF KENT A. SKRIVAN, PLLC
801 LAUREL OAK DRIVE, SUITE 705
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

CONTI, NILCE
593 110TH AVENUE NORTH
NAPLES, FL 34108 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: NILCE CONTI

06/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CONTI, NILCE
Address: 311 SCANTIC ROAD
City-St-Zip: EAST WINDSOR, CT 06088 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NILCE CONTI

MGRM

06/30/2005

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