2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

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1. Entity Name
THREE SISTERS, LLC

Principal Place of Business	Mailing Address
C/O JOANN SANTORO LUX 2606 S.W. 38TH TERRACE CAPE CORAL, FL 33914	C/O JOANN SANTORO-LUX 2606 S.W. 38TH TERRACE CAPE CORAL, FL 33914

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04082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0546937
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SANTORO-LUX, JOANN
2606 SW 38TH TERRACE
CAPE CORAL, FL 33914

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SANTORO LUX, JOANN
STREET ADDRESS	2606 S.W. 38TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	FERIOLA, ARLENE
STREET ADDRESS	2602 S.W. 38TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	KOKOLIS, CAMILLE
STREET ADDRESS	2610 S.W. 38TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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SIGNATURE: JoAnn Santoro Lux 4/17/07 549-5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #