

ANNUAL REPORT**DOCUMENT # L04000057774**1. Entity Name
BLACK BOX THREE, LLC**FILED**
Apr 27, 2006 08:00 AM
Secretary of StatePrincipal Place of Business
**5200 TOWN CENTER CIRCLE
SUITE 306
BOCA RATON, FL 33486**Mailing Address
**5200 TOWN CENTER CIRCLE
SUITE 306
BOCA RATON, FL 33486**

04172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-1455067Applied For
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent****FINE, NORMAN D
5200 TOWN CENTER CIRCLE
SUITE 306
BOCA RATON, FL 33486****DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006****9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINE, NORMAN D 5200 TOWN CENTER CIRCLE, SUITE 306 BOCA RATON, FL 33486
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**L000000537876
05/09/06-80034-018 50.00****DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #