

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057774

Entity Name: BLACK BOX THREE, LLC

FILED  
Apr 19, 2007  
Secretary of State

## Current Principal Place of Business:

5200 TOWN CENTER CIRCLE  
SUITE 306  
BOCA RATON, FL 33486

## New Principal Place of Business:

5100 TOWN CENTER CIRCLE  
SUITE 150  
BOCA RATON, FL 33486

## Current Mailing Address:

5200 TOWN CENTER CIRCLE  
SUITE 306  
BOCA RATON, FL 33486

## New Mailing Address:

5100 TOWN CENTER CIRCLE  
SUITE 150  
BOCA RATON, FL 33486

FEI Number: 20-1455067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINE, NORMAN D  
5200 TOWN CENTER CIRCLE  
SUITE 306  
BOCA RATON, FL 33486 US

## Name and Address of New Registered Agent:

FINE, NORMAN D  
5100 TOWN CENTER CIRCLE  
SUITE 150  
BOCA RATON, FL 33486 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:

04/19/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FINE, NORMAN D  
Address: 5200 TOWN CENTER CIRCLE, SUITE 306  
City-St-Zip: BOCA RATON, FL 33486

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FINE, NORMAN D  
Address: 5100 TOWN CENTER CIRCLE, SUITE 150  
City-St-Zip: BOCA RATON, FL 33486

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: NORMAN D. FINE

MGM

04/19/2007

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