2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# L04000060553

Entity Name: 3 - D LLC

Current Principal Place of Business:

4004 BOBBIN BROOK CIRCLE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

4004 BOBBIN BROOK CIRCLE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, BARBARA T
4004 BOBBIN BROOK CIR
TALLAHASSEE, FL 32312 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/MEMBERS:

Title:	MGRM ( ) Delete
Name:	DAVIS, ANNE M
Address:	4004 BOBBIN BROOK CIR
City-St-Zip:	TALLAHASSEE, FL 32312
Title:	MGRM ( ) Delete
Name:	DICKSON, BRANDICE D
Address:	701 KENNILWORTH DR
City-St-Zip:	TALLAHASSEE, FL 32312
Title:	MGRM ( ) Delete
Name:	DAVIDSON, LAWRENCE M JR.
Address:	8126 VIBURNUM CT S
City-St-Zip:	TALLAHASSEE, FL 32312
Title:	MGRM ( ) Delete
Name:	DAVIDSON, JEFFEREY F
Address:	8609 OAK FOREST TRAIL
City-St-Zip:	TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRM (X) Change ( ) Addition
Name:	DAVIDSON, JEFFREY F
Address:	8609 OAK FOREST TRAIL
City-St-Zip:	TALLAHASSEE, FL 32312

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: BARBARA T. DAVIDSON MS. 03/15/2005

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