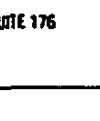


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33

DOCUMENT # L04000066897 1. Entity Name MAKE US AN OFFER THREE, LLC			
Principal Place of Business 1324 SEVEN SPRINGS BLVD., SUITE 176 NEW PORT RICHEY, FL 34655		Mailing Address 1324 SEVEN SPRINGS BLVD., SUITE 176 NEW PORT RICHEY, FL 34655	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
4. FEI Number 20-1623386		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUBLEY & BUBLEY, P.A. 3820 NORTHDALIE BOULEVARD, SUITE 312 TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 of agent or person named as registered agent and title of applicant		DATE _____ DATE: Registered Agent signature required when renumbering	
Filing Fee to \$60.00 Due by May 1, 2005		Make check payable to Florida Department of State	
MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	David Spezza ☐ Delete Managing Member 4532 US 99, 2nd FL New Port Richey, FL 34657	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Jacqueline E Anthony Spezza ☐ Delete Managing Member	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	William Girotakis ☐ Delete Managing Member	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Tracy & Eric Timbrink ☐ Delete Managing Member	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Larry Frederick ☐ Delete Managing Member	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 submit this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/1/05 727-656-9867	