

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077552

Entity Name: DIVINE FAVOR 3, LLC

FILED  
Mar 31, 2008  
Secretary of State

**Current Principal Place of Business:**

2 WEST OAKLAND AVE  
200  
OAKLAND, FL 34760

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1040  
OAKLAND, FL 34760

**New Mailing Address:**

FEI Number: 20-1859746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ETCHISON, MICHAEL J  
2 WEST OAKLAND AVE  
200  
OAKLAND, FL 34760 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ETCHISON, MICHAEL J  
Address: 2 WEST OAKLAND AVE STE 200  
City-St-Zip: OAKLAND, FL 34760

Title: MGRM ( ) Delete  
Name: SMITH, DWIGHT  
Address: 2 WEST OAKLAND AVE STE 200  
City-St-Zip: OAKLAND, FL 34760

Title: MGRM ( ) Delete  
Name: MARTIN, KENNETH R  
Address: 2 WEST OAKLAND AVE STE 100  
City-St-Zip: OAKLAND, FL 34760

**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:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL J ETCHISON

MGRM

03/31/2008

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