

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90092 049 ****50.00

DOCUMENT # L04000084203 1. Entity Name ROJO THREE, L.L.C.			
Principal Place of Business 13312 N. 56TH STREET TAMPA, FL 33617		Mailing Address 13312 N. 56TH STREET TAMPA, FL 33617	
2. Principal Place of Business 5128 PURITAN CIR Suite, Apt. #, etc.		3. Mailing Address 5128 PURITAN CIR Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33617		Zip 33617	
Country USA		Country USA	
4. FEI Number 01182006		Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMONE, JOHN V 13312 N. 56TH STREET TAMPA, FL 33617		7. Name and Address of New Registered Agent Name PATRICIA SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 5128 PURITAN CIR City TAMPA FL 33617	
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 <i>Patricia Sanchez</i> (NOTE: Registered Agent signature required when reinstalling) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMONE, JOHN V 13312 N. 56TH STREET TAMPA, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMBES, ROBERT A 8007 TIERRA VERDE TAMPA, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICIA SANCHEZ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICIA SANCHEZ 5128 PURITAN CIR TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Patricia Sanchez</i>		Date _____ Daytime Phone # _____	