

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90047 007 ****50.00

DOCUMENT # L04000086402 1. Entity Name THE THREE BROTHERS, L.L.C.						
Principal Place of Business 13740 NW 19TH AVENUE MIAMI, FL 33054			Mailing Address 13740 NW 19TH AVENUE MIAMI, FL 33054			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
MERTILUS, LAFONTAINE 13740 NW 19TH AVENUE MIAMI, FL 33054				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERTILUS, LAFONTAINE			NAME		
STREET ADDRESS	13740 NW 19TH AVENUE			STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33054			CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RONALD JEAN BAPTISTE			NAME		
STREET ADDRESS	13740 NE 59TH STREET			STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137			CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRISNEIR, JEAN			NAME		
STREET ADDRESS	823 NW 99TH STREET			STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33150			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify 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 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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: <i>Ronald Jean Baptiste</i>				07/15/05 07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>		