


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90064 010 ****50.00

DOCUMENT # L04000089848	
1. Entity Name THREE GUYS MOVING, LLC	

Principal Place of Business 5600 AIRPORT BOULEVARD, SUITE A TAMPA, FL 33634	Mailing Address 5600 AIRPORT BOULEVARD, SUITE A TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



07132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2620327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'LAKE, DANIEL M
1513 W ARCTIC STREET
TAMPA, FL 33604
*11319 SAGAMORE ST
SPRING HILL, FL 34609*

**DO NOT WRITE
IN THIS SPACE**

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]* DATE *7-19-06*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'LAKE, DANIEL M <i>11319 SAGAMORE ST SPRING HILL, FL 34609</i> 1513 W ARCTIC STREET TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ken Nelson 8420 WOODLAKE DR TPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTA De SANJOSGE 6206 S. Adelia Ave Tampa, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* DATE *7-19-06* 813 249-1889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #