

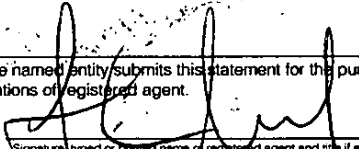
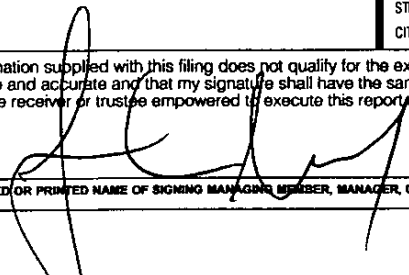


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90014 044 ****50.00

DOCUMENT # L05000008703 1. Entity Name THREE DAYS PROPERTIES LLC					
Principal Place of Business 4228 HUNTING TRAIL LAKE WORTH, FL 33467			Mailing Address 4228 HUNTING TRAIL LAKE WORTH, FL 33467		
2. Principal Place of Business 4228 Hunting Trail Suite, Apt. #, etc.		3. Mailing Address 4228 Hunting Trail Suite, Apt. #, etc.			
City & State Lake Worth, FL		City & State Lake Worth, FL		4. FEI Number 25-1915527	
Zip 33467		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN ARKEL, TERENCE 4228 HUNTING TRAIL LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  DATE: 4/16/06 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
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	MGR VAN ARKEL, TERENCE 4228 HUNTING TRAIL LAKE WORTH, FL 33467	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div> van Arkel, Terece Analyst 4228 Hunting Trail Lake Worth, FL 33467 </div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>			
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		
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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: 			4/15/06 (561) 868-0495 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					