
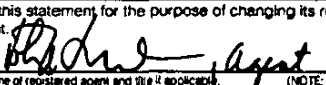



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90059 009 ****50.00

DOCUMENT # L05000011159 1. Entity Name 3P ACQUISITIONS, LLC					
Principal Place of Business 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804 US			Mailing Address 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804 US		
2. Principal Place of Business		3. Mailing Address PO Box 608066			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Orlando, Florida		4. FEI Number 20-2697495	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32860-8066		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GASDICK, MICHAEL J 390 N. ORANGE AVE. SUITE 260 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name F&I Corp. Street Address (P.O. Box Number is Not Acceptable) One Independent Drive Suite 1300 City Jacksonville		
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.			DATE April 19, 2006		
SIGNATURE  <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			Filing Fee is \$50.00 Due by May 1, 2006		
Make check payable to Florida Department of State			9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONG, DOUGLAS F 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 04/18/06			
Daytime Phone #		407-578-2000			

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