

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014189

Entity Name: AMIGOS THREE, LLC

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 1013
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

PO BOX 1013
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 20-4175859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUNSON, LISA J
9 ISLAND DRIVE
EASTPOINT, FL 32328 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OSBORN, TAMMY L
Address: 2524 DUNDEE DRIVE
City-St-Zip: TALLAHASSEE, FL 32328

Title: MGR () Delete
Name: GOYETTE, JUDITH A
Address: 320 MARK STREET
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: MGR () Delete
Name: DEMONIA, JAMES T
Address: PO BOX 1013
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OSBORN, TAMMY L
Address: 3139 CORRIB DRIVE
City-St-Zip: TALLAHASSEE, FL 32328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES T. DEMONIA

MGR

02/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date