

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022164

FILED  
Mar 01, 2009  
Secretary of State

**Entity Name:** THREE BROTHERS REAL ESTATE LLC

**Current Principal Place of Business:**

P.O. BOX 14274  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

9167 SHOAL CREEK DRIVE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

P.O. BOX 14274  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 76-0784297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETERS, CHARLES O  
3131 NORTH SHANNON LAKES DRIVE  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

PETERS, CHARLES O  
9167 SHOAL CREEK DRIVE  
TALLAHASSEE, FL 32312 US

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: CHARLIE PETERS

03/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PETERS, CHARLES O  
Address: P.O. BOX 14274  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete  
Name: PETERS, BOBBI S  
Address: P.O. BOX 14274  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES:**

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 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: CHARLIE PETERS

MGRM

03/01/2009

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