

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90166 028 ****55.00

DOCUMENT # L05000023600

1. Entity Name

3 PUTT HOBE SOUND, LLC



Principal Place of Business

**6250 SE RIDGE ROAD
HOBE SOUND FL 33455**

Mailing Address

**6250 SE RIDGE ROAD
HOBE SOUND FL 33455**

2. Principal Place of Business

6250 SE BRIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Address

6250 SE BRIDGE ROAD

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2469491

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, #221E
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: AIELLO, JOHN
STREET ADDRESS: 6250 SE RIDGE ROAD
CITY-ST-ZIP: HOBE SOUND FL 33455 ☐ Delete

TITLE: MGR
NAME: DOWNING, KEVIN
STREET ADDRESS: 6250 SE RIDGE ROAD
CITY-ST-ZIP: HOBE SOUND FL 33455 ☐ Delete

TITLE: MGR
NAME: ANDERSEN, GORDON
STREET ADDRESS: 6250 SE RIDGE ROAD
CITY-ST-ZIP: HOBE SOUND FL 33455 ☐ Delete

TITLE: MGR
NAME: AIELLO, TOM
STREET ADDRESS: 6250 SE RIDGE ROAD
CITY-ST-ZIP: HOBE SOUND FL 33455 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-30-06 772-360-5380