2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/2

FILED
Feb 21, 2006 8:00 am
Secretary of State
01-23-2006 90225 049 ****50.00

DOCUMENT # L05000037380

1. Entity Name
TICKERTAPE 3. LLC

Principal Place of Business	Mailing Address
4235 S.E. 20TH PLACE, UNIT C-505 CAPE CORAL, FL 33904	4235 S.E. 20TH PLACE, UNIT C-505 CAPE CORAL, FL 33904

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 26 0112268 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHUTT, ROGER L 4235 S.E. 20TH PLACE UNIT C-505 CAPE CORAL, FL 33904	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 _____

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 SCHUTT, ROGER L 4235 S.E. 20TH PLACE CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM MAJOCKA, JOHN 1520 S.W. 56TH TERRACE CAPE CORAL, FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM CACCAMISE, DAVID P 16283 EDGEMONT DR. FT. MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

11. I hereby 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: Roger L Schutt Manager 1/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date

ATTACHMENT
30000809

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

See attached

TICKERTAPE 3, LLC
4235 S.E. 20TH PLACE,
UNIT C-505
CAPE CORAL, FL 33904

Subject: **TICKERTAPE 3, LLC**

Reference Number: **L05000037380**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION