2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000052636

Entity Name: 3-R HOLDINGS, LLC

Current Principal Place of Business:

623 BEECHWOOD STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

221 N. HOGAN STREET
#274
JACKSONVILLE, FL 32202 US

Current Mailing Address:

623 BEECHWOOD STREET
JACKSONVILLE, FL 32206

New Mailing Address:

221 N. HOGAN STREET
#274
JACKSONVILLE, FL 32202 US

FEI Number: 20-2907648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE STE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: GWEN HUTCHESON GRIGGS, EVP 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: ROSE, TIMOTHY L
Address: 221 N. HOGAN STREET, #274
City-St-Zip: JACKSONVILLE, FL 32202 US

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: TIMOTHY L. ROSE MGR 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date