## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 06, 2008 8:00 am Secretary of State

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DOCUMENT # L05000054536  1. Entity Name THREE ECCENTRICS, LLC						•	013 ***138.75	
Principal Place 705 PARKER INVERNESS,	STREET	Mailing Address 705 PARKER STREET INVERNESS, FL 34450			6000€		WI BUN SIBBI BUSS INIS 2:	1884 H4 1884
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address  T. 1441 E. F.  Suite, Apt. #, etc.	ETCHER	st_				
		HERMANDO			01292008 Chg-L	LC (	CR2E083 (12/06)	6 15
HERN		City & State HERNANDO,	FL		4. FEI Number 20-2501941		No	oplied For ot Applicable
34446		34442	USA		5. Certificate of Status D		\$5.00 Add	
***	6. Name and Address of Current F	registered Agent	Name		7. Name and Address of	New Kegis	stered Agent	
HORNER, JOAN H 705 PARKER STREET Street A				ddress (P	O. Box Number is Not Ac	RES ceptable)	ARE	
INVERNES	SS, FL 34450		18	41	E. FLETC	HER	sT.	
			City	HERI	NANDO	_,, <u>,</u>	FL Zip Cod	クリン
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office or	registere	ed agent, or both, in the St	ate of Florida	a. I am familiar with,	and accept
SIGNATURE .	Signature / lyped or project parts of regular goldens	Cypt	egistered Agent signatu	RE	SPAC	SA	NUARLY 3	0.2008
		to the vappicable.	egistereo Agent signatu	ure required v	when reinstating)		DATE	)
FILE	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		egistereo Agent signatu	ure required v	when reinstating)		heck payable to	) <u> </u>
FILE After May	NOWIII FEE IS \$138.75		10.	ure required v			partment of Stat	e
FILE After May	NOWIII FEE IS \$138.75 1, 2008 Fee will be \$538.75		10. TITLE NAME STREET ADDRESS	MG-K	ADDA	Florida De	ANGES Change	e Addition
9. TILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM HORNER, JOAN H TRUSTEE 705 PARKER STREET INVERNESS, FL 34450	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDA	Florida De	ANGES Change STEE DTERM	□ Addition
After May 9: HITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM HORNER, JOAN H TRUSTEE 705 PARKER STREET	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	MG H	ADI NERSUANI 26 South RAL CITY,	TIONS/CH	ANGES  Change  Change  Change  Change	☐ Addition
9: TILE NAME STREET ADDRESS CITY-S1-ZIP	MANAGING MEMBER MGRM HORNER, JOAN H TRUSTEE 705 PARKER STREET INVERNESS, FL 34450 MGRM HOGBERG, LOUISE M 715 BALMORAL COURT	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MG P HOR ELO MG P HOG!	ADDA	Florida De FL	ANGES  Change  Change  Change  Change  Change  Change  Change	☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 OF FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 30,206 352-344-312