

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058502

Entity Name: 3CR, LLC

FILED
Aug 31, 2006
Secretary of State

Current Principal Place of Business:

3505 NW 50 AVE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 357154
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 14-1931443 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:

Name and Address of New Registered Agent:

HOUSEN, RODNEY O
3505 NW 50 AVE
GAINESVILLE, FL 32605 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOUSEN, RODNEY O
Address: 3505 NW 50 AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: PHELPS, ANNA D
Address: 3110 NW 56 PL
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM () Delete
Name: PHELPS, THOMAS J
Address: 3110 NW 56 PL
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: RODNEY HOUSEN

MGRM

08/31/2006

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