

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000064301

1. Entity Name
THREE GEN VENTURES, LLC



Principal Place of Business
**17333 38 LANE NORTH
LOXAHATCHEE, FL 33470 US**

Mailing Address
**17333 38 LANE NORTH
LOXAHATCHEE, FL 33470 US**

FILED
Apr 27, 2007 08:00 AM
Secretary of State



02112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-2257423

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, ROWENA E
17333 38 LANE NORTH
LOXAHATCHEE, FL 33470**

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCOTT, AUBYN K
17333 38 LANE NORTH
LOXAHATCHEE, FL 33470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCOTT, ROWENA E
17333 38 LANE NORTH
LOXAHATCHEE, FL 33470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCOTT, SEYMOUR S
11910 N W 36 PLACE
SUNRISE, FL 33323**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCOTT, NICOLE R
5 MILO CT
SIMPSONVILLE, SC 29680**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000738018
05/11/07-80052-016 50.00

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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:

Rowena Scott