2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000065893

1. Entity Name

S. DÚNN NO. 3, LLC



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

3321 NINTH AVENUE NORTH ST. PETERSBURG, FL 33713 Mailing Address

3321 NINTH AVENUE NORTH ST. PETERSBURG, FL 33713



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, STEVEN M 3321 NINTH AVENUE NORTH ST. PETERSBURG, FL 33713

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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)		OATE
Filing Fee is \$50.00 Due by May 1, 2007				U00000596057 01/23/07-80064-018 50.00
9,	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	DUNN, STEVEN M		•	•
STREET ADDRESS	3321 9TH AVENUE NORTH			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713			

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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:

JRE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING NANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-19-2007

727-580-1425

Daytime Phone #

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