2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# L05000068312

Entity Name: 3 & 1 HOLDINGS, L.C.

Current Principal Place of Business:

624 NORTH JEFFERSON STREET
PERRY, FL 32347 US

New Principal Place of Business:

1407 W. MAIN ST.
PERRY, FL 32347 US

Current Mailing Address:

624 NORTH JEFFERSON STREET
PERRY, FL 32347 US

New Mailing Address:

1407 W. MAIN ST.
PERRY, FL 32347 US

FEI Number: 42-1676782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, TAMMY L
624 NORTH JEFFERSON STREET
PERRY, FL 32347 US

Name and Address of New Registered Agent:

SHEFFIELD, VIVIAN L
1407 W. MAIN ST.
PERRY, FL 32347 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: VIVIAN SHEFFIELD 04/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHEFFIELD, JAMES R
Address: 624 N. JEFFERSON ST
City-St-Zip: PERRY, FL 32347 US

Title: MGRM ( ) Delete
Name: TAYLOR, TAMMY L
Address: 624 N JEFFERSON ST
City-St-Zip: PERRY, FL 32347 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: SHEFFIELD, VIVIAN L
Address: 1407 W. MAIN ST.
City-St-Zip: PERRY, FL 32347 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: JAMES R. SHEFFIELD MGRM 04/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date