

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90059 041 \*\*\*\*50.00

DOCUMENT # L05000073842

1. Entity Name  
3 AND 1 PROPERTIES, LLC



Principal Place of Business  
4152 MCLEOD DRIVE  
TALLAHASSEE, FL 32303

Mailing Address  
4152 MCLEOD DRIVE  
TALLAHASSEE, FL 32303

40000000



2. Principal Place of Business - No P.O. Box #  
5016 Nelly Lane  
Suite, Apt. #, etc.

3. Mailing Address  
5016 Nelly Lane  
Suite, Apt. #, etc.

01082007 Chg-LLC CR2E083 (12/06)

City & State  
Tallahassee, FL  
Zip  
32303  
Country

City & State  
Tallahassee, FL  
Zip  
32303  
Country

4. FEI Number  
87-0750914  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

STINSON, ACEY L  
4152 MCLEOD DRIVE  
TALLAHASSEE, FL 32303

## 7. Name and Address of New Registered Agent

Name  
Stinson, Acey L  
Street Address (P.O. Box Number is Not Acceptable)  
5016 Nelly Lane  
City  
Tallahassee FL Zip Code  
32303

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

(NOTE: Registered Agent signature required when reinstating)

1-8-07

DATE

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

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIFER, MERLIN R 2053 SHADY OAKS DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STINSON, ACEY L 4152 MCLEOD DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Acey Stinson 5016 Nelly Lane Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-8-07

Date

445  
850 562-2274  
Daytime Phone #