

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076903

FILED
Jan 20, 2007
Secretary of State

Entity Name: THREE AMIGAS, LLC

Current Principal Place of Business:

840 DR. MLK, JR. STREET NORTH
300
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

840 DR. MLK, JR STREET NORTH
300
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 20-3290866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: D () Delete
Name: SCHMITT, BRIGITTE J
Address: 840 DR. MLK JR. STREET NORTH, #300
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D () Delete
Name: BRADLEY, BARBARA B
Address: 840 DR. MLK JR. STREET NORTH, SUITE 300
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D () Delete
Name: BIERENS, JACQUELINE M
Address: 840 DR. MLK JR. STREET NORTH, SUITE 300
City-St-Zip: ST. PETERSBURG, FL 33705

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: BRIGITTE J. SCHMITT

D

01/20/2007

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