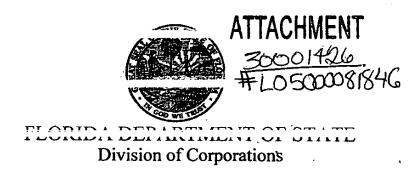
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 01, 2006 8:00 am Secretary of State

DOCU 1. Entity Nam 3D ASSO	ne	# L05000081			02-03-2006 90081 002 ****50.00					
Principal Place of Business Mailing Address 15050 CEMETERY ROAD P.O. BOX 1119 FORT MYERS, FL 33905 FORT MYERS, FL 33902) Januarin i	KI RAIGI SIN BANI ANTI	S BOTON REVIEW ORAN	I MUTA IRIM CITIA E	Afti A UM
Principal Place of Business Mailing Address				•						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01312006	Chg-LLC	CR2	E083 (11/05)	
City & State			City & State			4. FEI Numb) - 3325	924		oplied For ot Applicable
Zip			Zip Countr		ity		e of Status Desire		\$5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent					Nama	7. Name an	d Address of Ne	w Registered	f Agent	
MCDANIEL, DAWSON C 15050 CEMETERY ROAD FORT MYERS, FL 33905			Street Address (P.O. Box Num	per is Not Accept	able)		· ·
			•		City			F	Zip Cod	le
8. The above	named entitions of regis	ly submits this statement for tered agent.	the purpose of changing its	register	ed office or registe	red agent, or b	oth, in the State of			and accept
SIGNATURE										
Filing Fee is \$50.00 Due by May 1, 2006						•		lake check	peyable to ment of Stat	
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIO	VS/CHANGE	S	
TITLE NAME	MGRM MCDANII	4 EL, DAWSON C	☐ Dalete	TITL	- I				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	15050 CEMETERY ROAD FORT MYERS, FL 33905				ET ADORESS -ST-ZIP					
TITLE		•	☐ Delete	тпu				,	Change	Addition
NAME Street Adoress	:	ż			ET ADDRESS					
CITY-ST-ZIP	ļ	·	☐ Delete	CITY	-S1-ZIP				☐ Change	Addition
NAME STREET ADDRESS				ж	l l					
CITY-ST-ZP				CITY	-SI-ZIP					
TITLE			Delete	יינון - אאו						- Addition
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADORESS -ST-ZIP					
TITLE			☐ Delete	TITLE	1				Change	Addition
STREET ADDRESS CITY-ST-ZIP	, '			STRE	ET ADDRESS - ST-ZIP	-				
TITLE			☐ Delete	īπ⊔					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - St-27P					
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 path; 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.										
		1000	mal D				/./.			
SIGNATURE:										

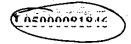


February 7 2006

3D ASSOCIATES, LLC P.O. BOX 1119

Subject: 3D ASSOCIATES, LLC

Deformed Number



Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm . ANNUAL REPORTS SECTION ` Re male 106