

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-03-2006 90081 002 \*\*\*\*50.00

<b>DOCUMENT # L05000081846</b> 1. Entity Name <b>3D ASSOCIATES, LLC</b>					
Principal Place of Business <b>15050 CEMETERY ROAD FORT MYERS, FL 33905</b>			Mailing Address <b>P.O. BOX 1119 FORT MYERS, FL 33902</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01312006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>20-3325924</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>MCDANIEL, DAWSON C 15050 CEMETERY ROAD FORT MYERS, FL 33905</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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's signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY - ST - ZIP			
MGRM MCDANIEL, DAWSON C 15050 CEMETERY ROAD FORT MYERS, FL 33905		[ ] Delete [ ] Change [ ] Addition			
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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: <u><i>Dawson C M Daniel</i></u> <u>1/31/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT

30001426  
#LO500008184G

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2006

3D ASSOCIATES, LLC  
P.O. BOX 1119  
FORT MYERS, FL 33902

Subject: 3D ASSOCIATES, LLC

Reference Number:

105000091016

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** 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-mailed  
2/2/06*