2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-27-2006 90433 036 ***50.00
L05000082619

DOCUMENT # L05000082619

1. Entity Name

3 BEST FRIENDS AND A LAWYER, L.L.C.

FILED
06 APR 12 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD., SUITE 304 AVENTURA FL 33180	20801 BISCAYNE BLVD., SUITE 304 AVENTURA FL 33180

1st MOORE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20 3588895 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEGAL, WILLIAM J
20801 BISCAYNE BLVD., SUITE 304
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is NOT Acceptable)

City FL Zip Code

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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!! FEE IS $50.00
Make Check Payable to: Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[MGRM] DENISE & JOHN BRACCO 1965 S OCEAN DR PH6 HALLANDALE FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILLIAM + EILEEN SEGAL 20801 BISCAYNE BLVD #304 AVENTURA FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHARLES + LINDA ZAMT 1624 LOWELL AVE NEW HYDE PARK NY 11040 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[MGRM] RANDY + MARIA CAPELLA 411 GLENDALE ROAD WYCKOFF NJ 07481 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 605, Florida Statutes.

SIGNATURE: X Denise Bracco 2-18-06 954 931 4416
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, RECEIVER, TRUSTEE, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #