

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000090082</b><br>1. Entity Name<br>THE 3 G'S LLC |  |
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|                                                                                  |                                                                      |
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| Principal Place of Business<br>8541 BELLE MEADE DRIVE<br>FORT MYERS, FL 33908 US | Mailing Address<br>8541 BELLE MEADE DRIVE<br>FORT MYERS, FL 33908 US |
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01092007 No Chg-LLC CR2E083 (11/05)

|                                                           |                                |
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| 4. FEI Number<br>38-3727743                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>GOBLE, STEVE<br>8541 BELLE MEADE DRIVE<br>FORT MYERS, FL 33908 |
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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.

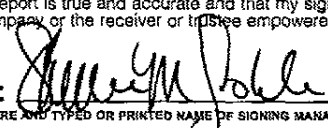
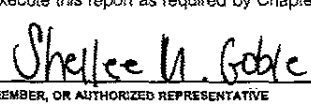
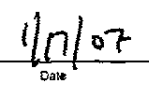
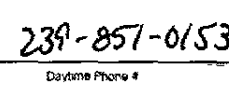
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GOBLE, STEVE<br>8541 BELLE MEADE DRIVE<br>FORT MYERS, FL 33908   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GOBLE, SHELLEE<br>8541 BELLE MEADE DRIVE<br>FORT MYERS, FL 33908 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |

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| <p>U00000603661<br/>01/29/07-80021-019 50.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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:**      
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #