

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098065

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** PRIMARY PHONE COMPANY THREE, L.L.C.

**Current Principal Place of Business:**

55 ROGERS STREET APT. 204  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 281  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 20-3581636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SHAHEEN, L. JOSEPH JR.  
401 EAST JACKSON STREET  
SUITE 2400  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
401 EAST JACKSON STREET  
SUITE 1700  
TAMPA, FL 33602 US

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: DEBORAH EVANS, ASST. SECRETARY

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HUGHES, WARREN J  
Address: P O BOX 281  
City-St-Zip: CLEARWATER, FL 33757

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HUGHES, J. WARREN  
Address: P.O. BOX 281  
City-St-Zip: CLEARWATER, FL 33757

I hereby certify that the information supplied with this filing does not qualify 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: J. WARREN HUGHES

MGR

05/01/2007

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