## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## Feb 27, 2008 8:00 am Secretary of State DOCUMENT # L05000098290 1. Entity Name 02-27-2008 90078 048 \*\*\*138.75 **B THREE LLC** Principal Place of Business Mailing Address 18050 NE 55 ST 18050 NE 55 ST WILLISTON FL 32696 WILLISTON FL 32696 2. Principal Place of Business - No P.O. Box # Mailing Address Auenue 897 50 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For Florida 20-3584477 uilli ston Not Applicable Zip Country Country \$5.00 Additional ซีร 5. Certificate of Status Desired 32696 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHARON C.BRANNAN CPA PA Street Address (P.O. Box Number is Not Acceptable) 161 N MAIN STREET WILLISTON FL 32696 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required which reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE Delete Change Addition NAME BOYER, KENNEDY G SR NAME STREET ADDRESS 19801 NW HW 335 STREET ADDRESS CITY-ST-ZIP WILLISTON FL 32696 CITY-ST-ZIP TITLE MGRM ☐ Delete THE Change Addition BULLOCK, WADE NAME STREET ADDRESS 505 SW 7TH STREET STREET ADDRESS CITY-ST-ZIP WILLISTON FL 32696 CITY-ST-ZIP MGRM THILE MGRM ☐ Delete THEE ☐ Addition Boyer Kennedy G. Jr 897 Sú 1st Ave. Williston Fi 32696 NAME BOYER, KENNEDY G JR NAME STREET ADDRESS: 19801 NW HWY 335 STREET ADDRESS CITY-ST-ZIP WILLISTON FL 32696 CITY-ST-Z:P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P Delete TITLE ☐ Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 2iP 11. Thereby 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 608, Florida Statutes.

Date

Daytorie Povziig #

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED