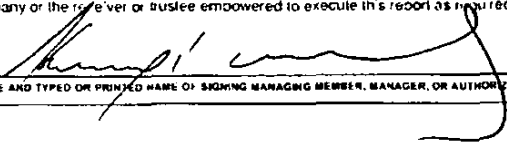


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-03-2006 90025 005 ***150.00

DOCUMENT # L05000100976					
1. Entity Name THREE DIVAS, LLC					
Principal Place of Business 815 8TH AVE WEST PALMETTO, FL 34221			Mailing Address 815 8TH AVE WEST PALMETTO, FL 34221		
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 20-4848566	
5. Name and Address of Current Registered Agent POLIVCHAK, RODGER 4301 32ND ST W, SUITE D3 BRADENTON, FL 34205				7. Name and Address of New Registered Agent	
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.				Approved For Not Applicable	
SIGNATURE _____				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM AMERES, KALLIOPI 520 RIVERSIDE DRIVE PALMETTO, FL 34221	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM COMMINOS, MARGARET 3612 MONTERO CT RUSKIN, FL 33573	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM FARAONE, LAURA 3604 MONTERO CT RUSKIN, FL 33573	☐ 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
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition
11. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included 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: 				4/28/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					