


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90355 021 ****50.00

DOCUMENT # L05000103517 1. Entity Name 3-D CONCEPTS, LLC	
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Principal Place of Business 6666 STUART AVENUE JACKSONVILLE, FL 32254	Mailing Address 6666 STUART AVENUE JACKSONVILLE, FL 32254
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-5170738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, DARRELL D SR.
6666 STUART AVENUE
JACKSONVILLE, FL 32254

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOWLER, DARRELL D SR. 6666 STUART AVENUE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOWLER, DARRELL D JR. 6666 STUART AVENUE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOWLER, JON D 6666 STUART AVENUE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Darrell D Fowler, Sr.* 04/05/2007 904-786-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Darrell D. Fowler, Sr.