


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # L05000108300 1. Entity Name THREE CORDS, LLC	
---	---

Principal Place of Business 314 PINE SHORE ROAD DEFUNIAK SPRINGS, FL 32436	Mailing Address 314 PINE SHORE ROAD DEFUNIAK SPRINGS, FL 32435
--	--

DO NOT WRITE IN THIS SPACE



04022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3872116	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

**RUTHERFORD, ALLAN P
314 PINE SHORE ROAD
DEFUNIAK SPRINGS, FL 32436**

**DO NOT WRITE
IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTHERFORD, ALLAN P <i>Pine Shores Rd</i> 314 DINE-SHERES RD DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UD00000699106
04/19/07-80029-012 50.00

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: *Allan P. Rutherford* **Allan P. Rutherford** *4-9-07* *850-892-5964*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #