2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# L05000123230

Entity Name: THREEGROUP, LLC

Current Principal Place of Business:

COUNTY ROAD 4562 103G-1
OXFORD, FL 34484

New Principal Place of Business:

951 N E 130TH AVENUE
OXFORD, FL 34484

Current Mailing Address:

COUNTY ROAD 4562 103G-1
OXFORD, FL 34484

New Mailing Address:

951 N E 130TH AVENUE
OXFORD, FL 34484

FEI Number: 20-4003819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRENNAN, MANNA & DIAMOND, P.L.
76 SOUTH LAURA STREET, SUITE 2110
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STEEPY, KATHLEEN A
Address: COUNTY ROAD 4562 103G-1
City-St-Zip: OXFORD, FL 34484

Title: MGR ( ) Delete
Name: STEEPY, MICHAEL T
Address: COUNTY ROAD 4562 103G-1
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STEEPY, KATHLEEN A
Address: 951 N E 130TH AVENUE
City-St-Zip: OXFORD, FL 34484

Title: MGR (X) Change ( ) Addition
Name: STEEPY, MICHAEL T
Address: 951 N E 130TH AVENUE
City-St-Zip: OXFORD, FL 34484

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN STEEPY MRS 01/09/2007

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