

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006164

Entity Name: THREE JOKERS, LLC

FILED
Jan 06, 2007
Secretary of State

Current Principal Place of Business:

6574 NORTH STATE ROAD 7
#277
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

6574 NORTH STATE ROAD 7
#277
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 20-4149414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAPPOLI, JOSEPH
6574 NORTH STATE ROAD 7
#277
COCONUT CREEK, FL 33073 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: MGRM () Delete
Name: ZAPPOLI, JOSEPH
Address: 6574 NORTH STATE ROAD 7 #277
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: MGRM () Delete
Name: CALLAHAN, FRANK
Address: 536 NW 120TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM () Delete
Name: DIMENSION FUNDING CO, RP
Address: 6574 NORTH STATE ROAD 7, #277
City-St-Zip: COCONUT CREEK, FL 33073 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH ZAPPOLI

MGR

01/06/2007

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