2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# L06000006521

Entity Name: THREE OF A KIND, LLC

Current Principal Place of Business:

4150 12TH PL S.W.
VERO BEACH, FL 32968

New Principal Place of Business:

Current Mailing Address:

4150 12TH PL S.W.
VERO BEACH, FL 32968

New Mailing Address:

FEI Number: 51-0572446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, DAVID F
4150 12TH PL S.W.
VERO BEACH, FL 32968 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:	HOWARD, DAVID F	
Address:	4150 12TH PL S.W.	
City-St-Zip:	VERO BEACH, FL 32968	
Title:	MGRM	( ) Delete
Name:	SIMPSON, JIMMY	
Address:	4725 70TH TERRACE	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	MGRM	( ) Delete
Name:	POYNER, JOHN	
Address:	P.O. BOX 700056	
City-St-Zip:	WABASSO, FL 32970	

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 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: DAVID F HOWARD MGR 05/08/2007

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