

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044426

Entity Name: 3365 GARBER DRIVE, LLC

FILED  
Jan 06, 2007  
Secretary of State

**Current Principal Place of Business:**

6982 STANDING PINES LANE  
TALLAHASSEE, FL 323129675

**New Principal Place of Business:**

**Current Mailing Address:**

2910 KERRY FOREST PARKWAY D4-366  
TALLAHASSEE, FL 323096828

**New Mailing Address:**

2910 KERRY FOREST PARKWAY D4-366  
TALLAHASSEE, FL 323096892

FEI Number: 20-1762506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCNEILL, MALCOLM C III  
2910 KERRY FOREST PARKWAY,D4-366  
TALLAHASSEE, FL 323096828 US

**Name and Address of New Registered Agent:**

MCNEILL, MALCOLM C III  
2910 KERRY FOREST PARKWAY,D4-366  
TALLAHASSEE, FL 323096892 US

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

01/06/2007

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCNEILL, MALCOLM C III  
Address: 2910 KERRY FOREST PARKWAY D4-366  
City-St-Zip: TALLAHASSEE, FL 323096828

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCNEILL, MALCOLM C III  
Address: 2910 KERRY FOREST PARKWAY D4-366  
City-St-Zip: TALLAHASSEE, FL 323096892

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: MALCOLM C MCNEILL, III

MGR

01/06/2007

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