2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044900

BASSETT, BILL

4991 GLEN CASTLE DR

TALLAHASSEE, FL 32309

Name:

Address:

City-St-Zip:

Entity Name: THREE PEAS PROPERTIES, LLC

FILED Apr 30, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Pla | New Principal Place of Business: | |
|---|---|----------------------------------|---|--|--|
| 1684 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308 | | | 1410 EAST PEARL ST. MONTICELLO, FL 32344 | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 1684 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308 | | | 1410 EAST PEARL ST MONTICELLO, FL 32344 | | |
| FEI Number: 26-2805322 | | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | | |
| 3520 THOM 4TH FLOO | DN, SUSAN S MASVILLE RD PR SSEE, FL 3230 | 09 US | | | |
| The above in the State | | submits this statement for the p | ourpose of changing its regist | ered office or registered agent, or both | |
| SIGNATUR | RE: | | | | |
| | Electron | ic Signature of Registered Age | ent | Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | | |
| Title: Name: Address: City-St-Zip: | MGRM () MILLER, GIBBE 1684 METROPO TALLAHASSEE | DLITAN CIRCLE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MILLER, MORR | DLITAN CIRCLE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MILLER, ELIZÁ | DLITAN CIRCLE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | MGRM () | Delete | Title: | () Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GIBBES MILLER MGMR 04/30/2009