

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053328

FILED  
Apr 05, 2008  
Secretary of State

Entity Name: THREE LIONS LLC

**Current Principal Place of Business:**

28723 WALKER DR  
WESLEY CHAPEL, FL 33544 US

**New Principal Place of Business:**

**Current Mailing Address:**

28516 FAIRWEATHER DR  
WESLEY CHAPEL, FL 33543 US

**New Mailing Address:**

28723 WALKER DR  
WESLEY CHAPEL, FL 33544 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

O'BRIEN JR, JAMES P  
28516 FAIRWEATHER DR  
WESLEY CHAPEL, FL 33543 US

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

O'BRIEN JR, JAMES P  
28723 WALKER DR  
WESLEY CHAPEL, FL 33544 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:

04/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: O'BRIEN JR, JAMES P  
Address: 7545 CHARMANT DR #1208  
City-St-Zip: SAN DIEGO, CA 92122 US

Title: MGRM ( ) Delete  
Name: O'BRIEN, TOLUPE E  
Address: 28723 WALKER DR  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

**ADDITIONS/CHANGES:**

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

Title: PRES (X) Change ( ) Addition  
Name: O'BRIEN, TOLUPE E  
Address: 28723 WALKER DR  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

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: JAMES P. O'BRIEN JR

CEO

04/05/2008

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