2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L06000058815

Entity Name: SKIPPERS 3, LLC

Current Principal Place of Business:

10811 FRONT BEACH ROAD
MAJESTIC BEACH TOWERS II
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

7153 WEST WYNFIELD LOOP
MIDLAND, GA 31820

New Mailing Address:

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

Name and Address of Current Registered Agent:

SKIPPER, JOHN D
10811 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413 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: SKIPPER, JOHN D
Address: 7153 WEST WYNFIELD LOOP
City-St-Zip: MIDLAND, GA 31820 US

Title: MGRM ( ) Delete
Name: SKIPPER, JOHNATHAN S
Address: 6715 FAIRSTREAM COURT
City-St-Zip: SUWANEE, GA 30024 US

Title: MGRM ( ) Delete
Name: SKIPPER, JASON P
Address: 7467 WOOD DUCK LANE
City-St-Zip: MIDLAND, GA 31820 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: SKIPPER, JASON P
Address: 3830 CALOMEL DRIVE
City-St-Zip: CUMMING, GA 30040 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: JOHN D. SKIPPER MGMB 04/29/2008

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