2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000063270



FILED Jan 17, 2007 8:00 am Secretary of State 01-17-2007 90007 011 ****50.00

Principal Place of Business	N & C 3,	LLC			01-17-2007 90007 011 30.00	
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Cry & State Cr	5716 S. ABSHIER BLVD.		5716 S. ABSHIER BLVD			
Chy & State City & State City & State City & State A. FEI Number and 50 - 509 5 71 5 Not Applicable for the Application of State Desired Fee Application Fee App	2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
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Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Free Required Report \$5.00 Additional Free Report \$	City & State		City & State		4. FEI Number 20 - 509 57 15 Applied For Not Applicable	
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	MIGELSM	IORTH MICHAEL C		Name		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Foe is \$50.00 Make check payable to Florida Department of State Filling Foe is \$50.00 Make Check payable to Florida Department of State Filling Foe is \$50.00 ManAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	5716 S. ABSHIER BLVD.			Street Addres	s (P.O. Box Number is Not Acceptable)	
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Part	8. 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. I am familiar with, and accept					
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11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and excruste and that my signature shall have the exemptions.						
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