## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069194

Entity Name: THE THIRD PLACE, LLC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5323 SW 91ST TERRACE, SUITE A GAINESVILLE, FL 32608

Current Mailing Address: New Mailing Address:

5323 SW 91ST TERRACE, SUITE A GAINESVILLE, FL 32608

FEI Number: 20-5196555 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DEREE, MICHAEL

OLIVIA SINVELOT TERRA CE, R 202

9124 SW 51ST TERRACE, B 202 9124 SW 51ST ROAD, B 202 GAINESVILLE, FL 32608 US GAINESVILLE, FL 32608 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: MICHAEL N. DEREE 05/01/2008

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: DEREE, MICHAEL Name: DEREE, MICHAEL

 Name:
 DEREE, MICHAEL
 Name:
 DEREE, MICHAEL

 Address:
 9124 SW 51 SW AVE B202
 Address:
 9124 SW 51ST ROAD, B202

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name: JONES, BARRY Name: JONES, BARRY

 Address:
 9124 SW 51 SW AVE B202
 Address:
 9124 SW 51ST ROAD, B202

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BYRNES, JENNIFER
 Name:

 Address:
 4732 SW 57 DR
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KUNTZ, JASON
 Name:

 Address:
 4732 SW 57 DR
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:

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: MICHAEL N. DEREE MGR 05/01/2008