


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000070694 1. Entity Name THREE T PROPERTIES, LLC	
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Principal Place of Business 11728 GLACIER BAY DRIVE JACKSONVILLE, FL 32256	Mailing Address 11728 GLACIER BAY DRIVE JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2606529	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, PHET T
 11728 GLACIER BAY DRIVE
 JACKSONVILLE, FL 32256

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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 the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, PHET T 11728 GLACIER BAY DRIVE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THEPSOUVANH, VORADET 4592 SHILOH MILL BLVD. JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, PATRICK L 422 20TH STREET ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/29/08-80013-003-138.75

11. I hereby certify that the information supplied with this filing 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 accurate and that my 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:  DATE: 4-30-08 DAYTIME PHONE: 904 249 9432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #