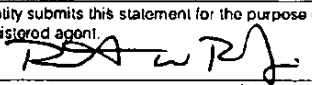
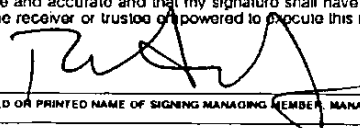


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-06-2007 90029 009 ****50.00

DOCUMENT # L06000078407			
1. Entity Name THREE UNDER, LLC			
Principal Place of Business C/O ROBERT W. PARKS, JR. 14507 CALUSA PALMS DR FORT MYERS FL 33919		Mailing Address C/O ROBERT W. PARKS, JR. 14507 CALUSA PALMS DR FORT MYERS FL 33919	
2. Principal Place of Business - No P.O. Box # 10801 CORKSCREW Rd.		3. Mailing Address 10801 CORKSCREW Rd	
Suite, Apt. #, etc. Suite 519		Suite, Apt. #, etc. Suite 519	
City & State ESTERO, FL.		City & State ESTERO, FL.	
Zip 33928	Country USA	Zip 33928	Country USA
6. Name and Address of Current Registered Agent PARKS, ROBERT W JR 14507 CALUSA PALMS DR FORT MYERS FL 33919		4. FEI Number 20-5303887	
		Applied For ☐ Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 1/27/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PARKS, ROBERT W JR. 14507 CALUSA PALMS DR FORT MYERS FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PARKS, Robert W. SR. 16588 Benevolence Ct. Fort Myers, FL. 33908 ☐ Delete MEMBER	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	JAMES GRIMES SR. 15765 STURGEON ROSELING, Mich. 48066 ☐ Delete MEMBER	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		Date 1/27/07 Daytime Phone # 239-565-6407	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			