2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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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	Mailing Address
C/O ROBERT W. PARKS, JR. 14507 CALUSA PALMS DR FORT MYERS FL 33919	C/O ROBERT W. PARKS, JR. 14507 CALUSA PALMS DR FORT MYERS FL 33919

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10801 CORKSCREW Rd.	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

1st MOORE CR2E083 (10/06)

4. FEI Number: 20-5303887 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKS, ROBERT W JR 14507 CALUSA PALMS DR FORT MYERS FL 33919	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 _____ 1/27/07

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

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 Bear cub ct. Fort Myers, Fl. 33908 MEMBER ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES GRIMES SR. 15765 STURGEON Roseville, Mich. 48066 MEMBER ☐ 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
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 powered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 1/27/07 239-565-6407

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