

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082082

FILED
Apr 06, 2007
Secretary of State

Entity Name: 3 WISHES EVENT MANAGEMENT LLC

Current Principal Place of Business:

2498 13TH AVE S
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

PO BOX 15022
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, CHRISONDA
2498 13TH AVE S
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCDONALD, CHRISONDA
Address: 2498 13TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGRM () Delete
Name: BROWN, SHARON
Address: 2498 13TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGRM () Delete
Name: MCDONALD, QIANA
Address: 2370 11TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISONDA MCDONALD MGRM 04/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date