


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:35

|  |  |         |   |   |  |
|--|--|---------|---|---|--|
| <b>DOCUMENT # L06000090195</b><br>1. Entity Name<br><b>THREE PROJECTS LLC</b>  |  |         |   |                                  |  |
| Principal Place of Business<br><b>2665 SOUTH BAYSHORE DRIVE<br/>SUITE 703<br/>MIAMI, FL 33133</b>  |  |         | Mailing Address<br><b>2665 SOUTH BAYSHORE DRIVE<br/>SUITE 703<br/>MIAMI, FL 33133</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |
| City & State   |  |         | City & State  |   |  |
| Zip  |  | Country |   | Zip   |  |
| Country  |  | Country |   | 4. FEI Number<br><b>20-5580568</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |         |   | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WORLD CORPORATE SERVICES, INC.<br/>2665 SOUTH BAYSHORE DRIVE<br/>SUITE 703<br/>MIAMI, FL 33133</b>   |  |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |  |         |   | DATE  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |         |   | DATE  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |         |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| 9. MANAGING MEMBERS / MANAGERS   |  |         |   | 10. ADDITIONS / CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br><b>RICHARDS, TIMOTHY D</b><br><b>2665 SOUTH BAYSHORE DRIVE, STE. #703</b><br><b>MIAMI, FL 33133</b> |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br><b>Richards, Timothy D.</b><br><b>2665 S. Bayshore Drive, Suite 703</b><br><b>Miami, FL 33133</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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: <i>Timothy D. Richards</i><br><b>Timothy D. Richards</b>  |  |         |   | Date: <b>4/14/08</b>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |         |   | Daytime Phone # <b>(305) 858-9900</b>   |  |