2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 09, 2007 8:00 am Secretary of State

DOCUMENT # L06000091386 1. Entity Name THREE RIVERS PARTNERS LLC					03-09-2007	90135 007 ****	50.00	
Principal Place of Business		Mailing Address			200059	120		
642 Drake lane n. Dunedin, Fl. 34698		642 DRAKE LANE N. Dunedin, Fl. 34698			20000			
					I 82118 81111 88111 88111 881	N 8 8 1/2 17 18 18 8 2 1 17 1 17 18 8		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022007	Chg-LLC	CR2E083 (12/06)	ı	
City & State		City & State		4. FEI Numb	566 8262	 	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 Ad Fee Requir		
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name an	Address of New R	egistered Agent	•	
POLITO, C	CRAIG A E LANE N.				(P.O. Box Number is Not Acceptable)			
DUNEDIN,	, FL `34698							
<u>;</u>			City			FL Zip Cox	de	
	named entity submits this statement ions of registered agent.	for the purpose of changing its r	egistered office or re	gistered agent, or be	oth, in the State of Flo		, and accept	
SIGNATURE .		MOTE.	D-istand Assat disease			DATE		
	Signature, typed or printed name of registered age	ani and use ir appacable. (NOTE:	Registered Agent signature re	equired when reinstating)		DATE		
Fi	iling Fee is \$50.00 ue by May 1, 2007					e check payable to a Department of Sta	te	
- Fi Di	····	BERS/MANAGERS	10.			Department of Sta	te	
9.	MANAGING MEM	BERS/MANAGERS	TITLE		Florida	Department of Sta	te	
9.	MANAGING MEM	··· · _	1		Florida	Department of Sta		
9. TITLE NAME	MANAGING MEM MGRM POLITO, CRAIG A	··· · _	TITLE NAME		Florida	Department of Sta		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEM MGRM POLITO, CRAIG A 642 DRAKE LANE N. DUNEDIN, FL 34698 MGRM	··· · _	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Department of Sta		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEM MGRM POLITO, CRAIG A 642 DRAKE LANE N. DUNEDIN, FL 34698 MGRM BITTNER, KEN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	a Department of Sta	☐ Addition	
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1. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

215-4908

Daytime Phone #