

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100540

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: 3VT L.L.C.

**Current Principal Place of Business:**

1467 LLOYDS COVE RD,  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13467  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

FEI Number: 20-5732561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALMER, ROBERT H III  
7853 PARLIAMENT CT.  
TALLAHASSEE, FL, FL 32309 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: CLEMONS, DANE W  
Address: 1467 LLOYDS COVE RD  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM ( ) Delete  
Name: FREDA, GREGORY L  
Address: 5015 COLLINS LAKE DRIVE  
City-St-Zip: MABLETON, GA 30126 US

Title: MGRM ( ) Delete  
Name: PALMER, ROBERT H III  
Address: 7853 PARLIAMENT CT.  
City-St-Zip: TALLAHASSEE, FL 32309 US

**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 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: ROBERT H PALMER III

MGRM

04/04/2008

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