


FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90249 018 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000110288			
1. Entity Name THREE DAUGHTERS, LLC			
Principal Place of Business 5647 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484		Mailing Address 5647 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 520 Brickell Key Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 0-305	
City & State		City & State Miami * FL	
Zip	Country	Zip	Country
33131	USA	33131	USA
4. FE Number 20-880-6904		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICO, JAIRO 5647 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jairo Pico		3-29-2007 305-374-3800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	