


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000120285 1. Entity Name THREE CORNERS INVESTMENTS, LLC	
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Principal Place of Business 6144 ABBOTT STATION DRIVE UNIT 101 ZEPHYRHILLS, FL 33542	Mailing Address 6144 ABBOTT STATION DRIVE UNIT 101 ZEPHYRHILLS, FL 33542
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 43-2116402	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 SMITH, LANCE A 6426 HUNTINGTON DRIVE ZEPHYRHILLS, FL 33542
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IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000003906654
05/05/08-80007-003 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, LANCE A 6426 HUNTINGTON DRIVE DADE CITY, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, DANA 11411 GRANDVIEW DRIVE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BACON, JAMES 8600 FORT KING ROAD ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Dana M Ward* **4-15-08** **813-788-6257**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #