2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-25-2008 90015 011 ***138.75

DOCUMENT # L07000084225

1. Entity Name

3 BROTHERS MOUNTAIN CABIN, LLC

Principal Place of Business	Mailing Address
5221 SE HARROLD TERRACE STUART FL 34997	5221 SE HARROLD TERRACE STUART FL 34997

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

26-0758382 1st MOORE CR2E083 (10/07)

4. FEI Number ~~26-0758382~~ — Applied For / Not Applicable

5. C… — Additional …uired

26-0758382 CORRECT Number

6. Name and Address of Current Registered Agent

NORMAN, KENNETH A
2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR
STUART FL 34994

7. N… Name / Street Address (P.O. B… / City / …ode

8. The above named entity submits this statement for the purpose of changing its registered office or registered age… …ith, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re…

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	LESTER, WILLIAM J III	
STREET ADDRESS	5221 SE HARROLD TERRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William J Lester III MGR WILLIAM J. LESTER III 04/14/08 (772) 220-1398

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