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

FILED
May 15, 2008 8:00 am
Secretary of State

04-11-2008 90190 001 ***277.50

DOCUMENT # L07000086714

1. Entity Name

3RLC, LLC

Principal Place of Business	Mailing Address
763 SHAMROCK BOULEVARD VENICE FL 34293 US	763 SHAMROCK BOULEVARD VENICE FL 34293 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
742 Shamrock Blvd		742 Shamrock Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 260874692 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLINGBEIL, ROBERT T JR 341 W. VENICE AVENUE VENICE FL 34285	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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	STRAYER, ROBERT B JR		NAME		
STREET ADDRESS	~~763~~ SHAMROCK BOULEVARD		STREET ADDRESS	742 Shamrock Blvd	
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	STRAYER, LISA C		NAME		
STREET ADDRESS	~~763~~ SHAMROCK BOULEVARD		STREET ADDRESS	742 Shamrock Blvd	
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Lisa Strayer 1/24/08 9414971290

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