

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90146 039 \*\*\*\*50.00

**60010186**



01192007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L99000000004</b>					
1. Entity Name 3-HONC, L.L.C.					
Principal Place of Business 1130 PONDELLA ROAD SUITE 3 CAPE CORAL, FL 33909		Mailing Address 1130 PONDELLA ROAD SUITE 3 CAPE CORAL, FL 33909			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0898996	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent HONC, VINCENT E 1130 PONDELLA ROAD SUITE 3 NORTH FORT MYERS, FL 33903			7. Name and Address of New Registered Agent		
			Name <i>Honc, Vincent E</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>1130 Pondella Rd</i>		
			<i>Suite 3</i>		
			City <i>Cape Coral</i>		FL Zip Code <i>33909</i>
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 <i>Vincent E Honc</i>		DATE <i>1-24-07</i>			
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HONC, VINCENT E 1130-3 PONDELLA ROAD NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR</i> <i>Honc, Vincent E</i> <i>1130-3 Pondella Rd</i> <i>Cape Coral FL 33909</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Vincent E Honc</i>		DATE: <i>1/24/07</i>		DAYTIME PHONE #: <i>2394583335</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	