


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

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003525**  
1. Entity Name  
1621 VENTURE III, LLC



Principal Place of Business: ONE SAN JOSE PLACE, #7 JACKSONVILLE FL 32257  
Mailing Address: ONE SAN JOSE PLACE, #7 JACKSONVILLE FL 32257



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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

1st MOORE CR2E083 (10/07)

4. FEI Number: 59-3635037  
Applied For:  No:  Applicable

5. Certificate of Status Desired  \$5.00 Additional Fec Required

6. Name and Address of Current Registered Agent  
SMITH, V. HAWLEY JR  
ONE SAN JOSE PLACE, SUITE 7  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent  
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 the filer (required) (NOTE: Registered agent is a third party and not a shareholder)

**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: P NAME: STOKES, E. CHESTER JR STREET ADDRESS: 4315 PABLO OAKS CT., STE 1 CITY-ST-ZIP: JACKSONVILLE FL 32224	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 05/21/08-80086-001 138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: SMITH, V. HAWLEY JR STREET ADDRESS: ONE SAN JOSE PLACE, STE 7 CITY-ST-ZIP: JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input 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

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: *Mary Louise Dunzy* Mary Louise Dunzy 04/25/08 904-268-9990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Docket #