


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L97000000317  
 1. Entity Name  
 CIRCLE THREE DEVELOPMENT, L.C.



Principal Place of Business 7400 ARBUCKLE CREEK RD. SEBRING, FL 33870	Mailing Address P.O. BOX 1069 SEBRING, FL 33871-1069
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03072005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0734642	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WOHL, JAMES M  
 7400 ARBUCKLE CREEK RD.  
 SEBRING, FL 33870

**DO NOT WRITE 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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

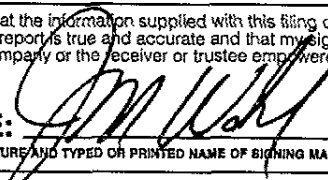
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEARTLAND REAL ESTATE CORPORATION 7400 ARBUCKLE CREEK RD. SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CIRCLE M CITRUS, INC. 1379 N EAST VIOLA ROAD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EXCAVATION POINT, INC. 7944 S GEORGE BLVD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/10/05-80027-018 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 3/7/05 DAYTIME PHONE #: 863.381.2437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE