

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 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



04282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0734642

Applied For
Not Applicable

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

000000551866
05/13/06-80111-001 50.00

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IN THIS SPACE**

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: _____

James M Wohl April 28, 2006 (863) 382-1096

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

Date

Daytime Phone #