

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055514

FILED
Apr 06, 2009
Secretary of State

Entity Name: STRATEGIC CROSSING PHASE III, L.L.C.

Current Principal Place of Business:

17 WEST CEDAR STREET
SUITE 3
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

POB 12725
PENSACOLA, FL 32591

New Mailing Address:

POST OFFICE BOX 12725
PENSACOLA, FL 32591

FEI Number: 22-3914383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, JOHN S
17 WEST CEDAR STREET
SUITE 3
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARR, JOHN S
Address: 17 W CEDAR ST STE 3
City-St-Zip: PENSACOLA, FL 32502

Title: MGR () Delete
Name: NICKELSEN, ERIC J
Address: 17 W CEDAR ST STE 3
City-St-Zip: PENSACOLA, FL 32502

Title: MGR () Delete
Name: NASH, NEAL B
Address: 120 E MAIN ST STE A
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN S. CARR

MGR

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date