

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000020548

Entity Name: AW VENTURE III, LLC**Current Principal Place of Business:**7807 BAYMEADOWS ROAD EAST
SUITE 205
JACKSONVILLE, FL 32256**Current Mailing Address:**7807 BAYMEADOWS ROAD EAST
SUITE 205
JACKSONVILLE, FL 32256 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLETCHER, LEIGH K
401 EAST JACKSON STREET, SUITE 2200
TAMPA, FL 33602 US*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**Authorized Person(s) Detail :**

Title	SOLE
Name	AW VENTURES, LLC
Address	7807 BAYMEADOWS ROAD, EAST, #205
City-State-Zip:	JACKSONVILLE FL 32256

Title	PRES
Name	BURR, EDWARD E
Address	7807 BAYMEADOWS ROAD, EAST, #205
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	POSTLETHWAITE, ROGER F
Address	7807 BAYMEADOWS ROAD, EAST, #205
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	MIARS, GRAYDON E
Address	7807 BAYMEADOWS ROAD, EAST, #205
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	WILSON, ERIK H
Address	7807 BAYMEADOWS ROAD, EAST, #205
City-State-Zip:	JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD E BURR**PRESIDENT****04/26/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date