

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000003810

1. Entity Name

PLANTATION DEVELOPMENT NO. III, L.L.C.



Principal Place of Business

722 SHAMROCK BLVD.
VENICE FL 34293

Mailing Address

722 SHAMROCK BLVD.
VENICE FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
SEL PLANTATION DEVELOPMENT NO 3, INC.
2747 ORCHID OAKS DR. #102A
SARASOTA FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
JOBECO'S DEVELOPMENT VI, LLC
1070 DELACROIX CIRCLE
NOKOMIS FL 34275 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
GULF SHORE DEVELOPMENT IV, LLC
2800 KENNEDY DR.
VENICE FL 34292 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U00000048726
02/12/04-80092-004 50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: *James A. Connolly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Feb 12, 2004 08:00 AM
Secretary of State



MOORE

CR2E083 (11/03)

4. FEI Number
59-3642317

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required