2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State
01-30-2007 90034 008 ****50.00

DOCUMENT # L00000003810

1. Entity Name
PLANTATION DEVELOPMENT NO. III, L.L.C.

Principal Place of Business	Mailing Address
722 SHAMROCK BLVD. VENICE FL 34293	722 SHAMROCK BLVD. VENICE FL 34293

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3642317 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEIDER, WILLIAM M 200 SOUTH ORANGE AVENUE SARASOTA FL 34236	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 _____ DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TYPE NAME STREET ADDRESS CITY ST ZIP	MEM ☒ Delete SEL PLANTATION DEVELOPMENT NO 3, INC. 2747 ORCHID OAKS DR. #102A SARASOTA FL 34239	TYPE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY ST ZIP	MGRM ☒ Delete JOBECO'S DEVELOPMENT VI, LLC 722 SHAMROCK BOULEVARD VENICE FL 34293	TYPE NAME STREET ADDRESS CITY ST ZIP	MGRM Jobeco's Development VII, INC 722 Shamrock Blvd Venice, Fl 34293 ☐ Change ☒ Addition
TYPE NAME STREET ADDRESS CITY ST ZIP	MEM ☒ Delete GULF SHORE DEVELOPMENT IV, LLC 2800 KENNEDY DR. VENICE FL 34292	TYPE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TYPE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TYPE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TYPE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 A. Connell 3/28/07 941-497-2353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #