2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 03, 2005
Secretary of State

DOCUMENT# L00000012049

Entity Name: ASUTOSH III, LLC

Current Principal Place of Business:

13400 SUTTON PARK DR SOUTH
SUITE 1604
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13400 SUTTON PARK DR SOUTH
SUITE 1604
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3677781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, ANIL D
13400 SUTTON PARK DR SOUTH
SUITE 1604
JACKSONVILLE, FL 32224 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: MGRM ( ) Delete
Name: ADCORE INC,
Address: 13400 SUTTON PARK DR SOUTH, SUITE 1604
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM ( ) Delete
Name: TRINETRA INC,
Address: 13400 SUTTON PARK DR SOUTH, SUITE 1604
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: PATEL, GIRISHBHAI M
Address: 5700 HARBORAGE DR.
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANIL D PATEL MGRM 08/03/2005

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