## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L00000014604

1. Entity Name
JAY FISHER GATEWAY III LLC



FILED
May 01, 2006 08:00 A
Secretary of State

Principal Place of Business

1501 THE OAKS DRIVE MAITLAND, FL 32751

Mailing Address

1501 THE OAKS DRIVE MAITLAND, FL 32751



04242006 No Chg-LLC

CR2E083 (11/05)

R. J. L. Iverlibe		 
I. FEI Number	59-3693212	Not Applicable
A	I. FEI Number	Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and	Address	of Current	Registered	Ágent

	6. Name and Address of Content Registered Agent	474 4 44 54			
	IAY OAKS DRIVE D, FL 32751		DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE		
Fi D	iling Feo is \$50.00 ue by May 1, 2006 MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, JAY 1501 THE OAKS DRIVE MAITLAND, FL 32751	້ ກໍດັດ	000549942		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		95/1 <i>3</i> 7	'ÕÕ-80040-018 SO.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE		
TITLE NAME		IN THIS	SPACE		

11. I hereby certify that the Information supplied with this filing close not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurage 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
GITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JRE:
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/06

4076283015

Paytime Phone #