

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Apr 14, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L01000000228**  
1. Entity Name  
**COBBLESTONE III, LLC**



Principal Place of Business: **908 RIVIERA DUNES WAY PALMETTO FL 34221**  
Mailing Address: **908 RIVIERA DUNES WAY PALMETTO FL 34221**



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box # ( )  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3739599** Applied For Not Applicable  
5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HINES, JAMES P ESQ.  
HINES NORMAN & ASSOCIATES, P.L.  
315 SOUTH HYDE PARK AVENUE  
TAMPA FL 33606**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title (app. 250) (NOTE: Registered agent's signature required when changing)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR <input type="checkbox"/> Delete
NAME	GILLIS, JOHN T
STREET ADDRESS	908 RIVIERA DUNES WAY
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	MGR <input type="checkbox"/> Delete
NAME	GILLIS, PATRICIA A
STREET ADDRESS	908 RIVIERA DUNES WAY
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *PATRICIA A. GILLIS*  
*Patricia A. Gillis* 4/9/08 941-722-2316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Register Page 4