

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L01000001410

1. Entity Name
LM INVESTMENT TEAM III, LLC



Principal Place of Business
**1 INDEPENDENT DR., STE. 1600
JACKSONVILLE, FL 32202**

Mailing Address
**1 INDEPENDENT DR., STE. 1600
JACKSONVILLE, FL 32202**



03282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3698072

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOVETT, W. RADFORD II
1 INDEPENDENT DR., STE. 1600
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
(After May 1, 2008 Fee will be \$538.75)

U000000883049
04/16/08-80064-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LOVETT, W. RADFORD III
STREET ADDRESS	1 INDEPENDENT DR., STE. 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGR
NAME	MILLER, W. SCOTT
STREET ADDRESS	100 N. TAMPA ST. #2675
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

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

Date

Daytime Phone #

W. Radford Lovett II **3/28/08** **904-634-8808**