



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000005037</b>		
1. Entity Name <b>GRANITE DEVELOPMENT III, L.L.C.</b>		
Principal Place of Business <b>9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109</b>		Mailing Address <b>9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01162007No Chg-LLC      CR2E083 (11/05)
4. FEI Number <b>59-3710234</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>RIHS, DOMINIQUE ESQ 5131 SUNBURY CT. NAPLES, FL 34104</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RELLEUM, INC. 9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MUELLER, JOHN S 9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>1/16/07</b> Daytime Phone # <b>239-592-1888</b>

**JOHN SCOT MUELLER, MEMBER**