

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91595 009 ****50.00

DOCUMENT # L02000000489
1. Entity Name
SHORELINE DEVELOPMENT III, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2700 Dixie Freeway N Suite, Apt. #, etc.		3. Mailing Address 2700 Dixie Freeway N Suite, Apt. #, etc.	
City & State New Smyrna Beach FL		City & State New Smyrna Beach N	
Zip 32168	Country Volusia	Zip 32168	Country Volusia

DO NOT WRITE IN THIS SPACE

4. FEI Number		<input checked="" type="checkbox"/> Applied For
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name THOMAS D. WRIGHT		
Street Address (P.O. Box Number is Not Acceptable)		
304 N CAUSEWAY		
City New Smyrna Bch	FL	Zip Code 32168

**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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniel T. Michelbrink 627 Yupon New Smyrna Bch FL 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joe Hopkins 401 Ocean Dunes Rd Daytona Bch, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vicki L Albrieno 2016 N. DAYTONA AVENUE Flagler Beach, FL 32136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James J. Murphy 4493 S. ATLANTIC, No. 202 New Smyrna Beach, FL 32169	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Daniel T. Michelbrink *D. Michelbrink* 4/26/02 386-409-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #