


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000004740	
1. Entity Name COASTAL RETREAT III, LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:59

Principal Place of Business 1234 AIRPORT ROAD SUITE 215 DESTIN FL 32541	Mailing Address 1234 AIRPORT ROAD SUITE 215 DESTIN FL 32541
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2. Principal Place of Business 4300 Legendary Drive	3. Mailing Address 4300 Legendary Drive
Suite, Apt. #, etc. Suite 204	Suite, Apt. #, etc. Suite 204

[Handwritten Signature]

1st MOORE CR2E083 (10/05)

City & State Destin, FL	City & State Destin, FL
Zip 32541	Country
Zip 32541	Country

4. FEI Number 59-3755013	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
OLSON, RICHARD 1234 AIRPORT ROAD SUITE 215 DESTIN FL 32541	
4300 Legendary Drive Suite 204	

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 <i>[Handwritten Signature]</i>	DATE 4-28-06

<p>FILE NOW!! FEE IS \$50.00</p> <p>Make Check Payable to Florida Department of State</p> <p>Due By May 1, 2006</p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON & ASSOCIATES OF NW FLORIDA, INC. 1234 AIRPORT ROAD DESTIN FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4300 Legendary Drive, Ste 204 Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600076302586 06/19/06--01005--001 **2150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Handwritten Signature]</i>	DATE 4-28-06	DAYTIME PHONE # 850-650-7858
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		