2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State
08-15-2006 90078 006 ****50.00

DOCUMENT # L02000018529

1. Entity Name
SPOONBILL PARTNERS III, LLC

20052645

Principal Place of Business	Mailing Address
20 SPOONBILL ROAD MANALAPAN, FL 33462	20 SPOONBILL ROAD MANALAPAN, FL 33462

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08092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
11-3647468
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAIN, RONALD D
2699 STIRLING ROAD
STE B206
FORT LAUDERDALE, FL 33312

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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 if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ETHAN WEITZ LIVING TRUST
STREET ADDRESS	20 SPOONBILL ROAD
CITY-ST-ZIP	MANALAPAN, FL 33462
TITLE	Mgr
NAME	Weitz Family TRUST
STREET ADDRESS	20 Spoonbill Road
CITY-ST-ZIP	Manalapan, FL, 33462
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	

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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: _____ 8-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #