

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001384

Entity Name: INTERCOASTAL III, L.L.C.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

C/O AFTAB A CUMBER
10100 WEST SAMPLE ROAD STE. 205
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

C/O AFTAB A CUMBER
10100 WEST SAMPLE ROAD STE. 205
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 72-1549409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMBER, AFTAB
10100 WEST SAMPLE ROAD STE. 205
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CUMBER, AFTAB A
Address: 10100 W SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: COO () Delete
Name: FRYBERGH, JASON
Address: 1500 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CUMBER, AFTAB A
Address: 10100 W SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGR (X) Change () Addition
Name: FRYBERGH, JASON
Address: 1500 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: AFTAB A CUMBER

MGR

04/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date