


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90183 049 ****55.00

DOCUMENT # L03000012557	
1. Entity Name SEA PINES III, L.C.	

Principal Place of Business 12108 NORTH 56TH STREET TAMPA, FL 33617	Mailing Address 12108 NORTH 56TH STREET TAMPA, FL 33617
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20023652



2. Principal Place of Business 2901 W Busch Blvd Suite, Apt. #, etc. #901 City & State TAMPA FLORIDA Zip 33618 Country USA	3. Mailing Address 2901 W. Busch Blvd Suite, Apt. #, etc. #901 City & State TAMPA FLORIDA Zip 33618 Country USA
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01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4274134	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BEKIEMPIS, VINCENT 12108 NORTH 56TH STREET TAMPA, FL 33617	7. Name and Address of New Registered Agent Name: Bekiempis, Vincent Street Address (P.O. Box Number is Not Acceptable) 2901 W. Busch Blvd #901 City: TAMPA FL Zip Code: 33618
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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:  VINCENT BEKIEMPIS 1/20/05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEKIEMPIS, VINCENT 12108 N 56TH STREET TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Bekiempis, Vincent 2901 W. Busch Blvd #901 TAMPA FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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:  VINCENT BEKIEMPIS 813/915-9727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #