

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000012557**

1. Entity Name  
**SEA PINES III, L.C.**



**Principal Place of Business**

**2901 W BUSCH BLVD  
#901  
TAMPA, FL 33618**

**Mailing Address**

**2901 W BUSCH BLVD  
#901  
TAMPA, FL 33618**

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**13-4274134**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BEKIEMPIS, VINCENT  
2901 W BUSCH BLVD  
#901  
TAMPA, FL 33618**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEKIEMPIS, VINCENT 2901 W BUSCH BLVD #901 TAMPA, FL 33618
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04/22/06-80013-014 55.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/17/06**

Date

**813-915-9222**

Daytime Phone #