

FILED
04 NOV 10 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT

DOCUMENT # L03000017809

1. Entity Name
NORTH CAPE DEVELOPMENT ASSOCIATES III, LLO



Handwritten initials

Principal Place of Business
3300 UNIVERSITY DRIVE, FIRST FLOOR
CORAL SPRINGS, FL 33065

Mailing Address
3300 UNIVERSITY DRIVE, FIRST FLOOR
CORAL SPRINGS, FL 33065



2. Principal Place of Business

3. Mailing Address

Date Apr. 15th

Date Apr. 15th

11108104 Cng-LLO 042805 (10/03)

City & State

City & State

4. FFI Number
13-4252479

Applied For
Not Applicable

Zip

County

Zip

County

5. Certificate of Status Ordered

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINSEY, JOHN T
3300 UNIVERSITY DRIVE, FIRST FLOOR
CORAL SPRINGS, FL 33065

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

Amended AR to \$50.00

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS		ADDITIONAL MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LANDCO INVESTMENTS, LLC 1051 NW 10TH STREET, SUITE 200 BOCA RATON, FL 33431	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	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	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	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

AMENDED
2004
A.R.

200043070452
11/30/04--01056--005 **55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(5)(b), Florida Statutes. I further certify that the information included 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 appointed to prepare this report as required by Chapter 605, Florida Statutes.

SIGNATURE: *[Signature]* 11/10/04