2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-04-2004 90023 006 ****75.00

34007355

04232004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000020437

1. Entity Name
ARROWHEAD ESTATES III, L.L.C.

Principal Place of Business	Mailing Address
1520 ROYAL PALM SQUARE BLVD., STE. 360 FORT MYERS, FL 33919	1520 ROYAL PALM SQUARE BLVD., STE. 360 FORT MYERS, FL 33919

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 41-2098891 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D
1205 MANATEE AVENUE WEST
PORGES, HAMLIN, KNOWLES & PROUTY, P.A.
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name: BOWEN A ARNOLD ESQ
Street Address (P.O. Box Number is Not Acceptable): 1520-360 ROYAL PALM SQ BLVD.
City: FT MYERS FL Zip Code 33919

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] BOWEN A ARNOLD ESQ — 4/24/04
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, 2004

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	National Development of America, LLC 1520-360 Royal Palm Sq. Blvd. Fort Myers, Florida 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	managing member	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lee County Housing Development Corp. 1288 N. Tamiami Trail Fort Myers, Florida 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	managing member	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] BOWEN A ARNOLD, NDALLC MBR — 4/24/04 — 2392758029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #