

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030882

FILED
Jul 16, 2005
Secretary of State

Entity Name: NEWELL PROPERTIES III, LLC

Current Principal Place of Business:

11318 ROYAL TEE CIRCLE
CAPE CORAL, FL 33991

New Principal Place of Business:

9390 TRIANA TERR
UNIT #4
FORT MYERS, FL 33912

Current Mailing Address:

11318 ROYAL TEE CIRCLE
CAPE CORAL, FL 33991

New Mailing Address:

9390 TRIANA TERR
UNIT #4
FORT MYERS, FL 33912

FEI Number: 20-0179296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TROIANO, JOSEPH A
2320 FIRST ST, STE 1000
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

NEWELL, STEVE L MGR
9390 TRIANA TERR
UNIT #4
FORT MYERS, FL 33912 US

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: STEVE NEWELL

07/16/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEWELL PROPERTIES, L, LC
Address: 11318 ROYAL TEE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NEWELL PROPERTIES, L, LC
Address: 9390 TRIANA TERR UNIT #4
City-St-Zip: FORT MYERS, FL 33912

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: STEVE NEWELL

MGR

07/16/2005

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