


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000035275</b> 1. Entity Name OCEANS WEST III, L.L.C.	
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Principal Place of Business 2901 SOUTH RIDGEWOOD AVE SOUTH DAYTONA, FL 32119	Mailing Address 2901 SOUTH RIDGEWOOD AVE SOUTH DAYTONA, FL 32119
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**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2397081	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WALDRON, EDMUND J 2901 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLAHAN, JOHN T III 2901 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119
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U00000938036  
05/23/08-80096-001 138.75

**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: <i>John T. Callahan III</i> JOHN T. CALLAHAN III 4/28/08 3867674875	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		