


FILED
May 23, 2005 8:00 am
Secretary of State

04-27-2005 90026 034 ****50.00


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000036668 1. Entity Name DELUCA WOODLAND LAKES III, LLC	
---	---

Principal Place of Business 107 FLORAL VALE BLVD. YARDLEY, PA 19067	Mailing Address 107 FLORAL VALE BLVD. YARDLEY, PA 19067
---	---

DO NOT WRITE IN THIS SPACE

30007278



04192005 No Chg-LLC CR2E083 (10/03)

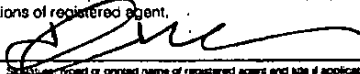
4. FEI Number 04-7003127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
255 S. ORANGE AVE., STE. 1700
ORLANDO, FL 32801**

**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:  DATE: _____

NOTE: Registered Agent signature required when reappointing

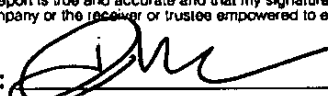
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DELUCA, JOSEPH 107 FLORAL VALE BLVD. YARDLEY, PA 19067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  V.P. **5/20/05 215-860-6500**

SIGNATURE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #