

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000046569

1. Entity Name
FROG POND III, LLC



Principal Place of Business
**6260 DUPONT STATION COURT, STE. 1
JACKSONVILLE, FL 32217**

Mailing Address
**6260 DUPONT STATION COURT, STE. 1
JACKSONVILLE, FL 32217**

DO NOT WRITE IN THIS SPACE



07072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0811339	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**WALTERS, MICHAEL A
50 NORTH LAURA STREET, STE. 2600
JACKSONVILLE, FL 32202**

**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 _____

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 September 8, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRICE, CHARLES B 6260 DUPONT STATION CT STE D JACKSONVILLE, FL 32217
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07/28/06-80001-003 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Dennis Fulk

7/26/06

*850
2059025*