2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2004
Secretary of State

DOCUMENT# L03000056963

Entity Name: WHITE CAP BEACH COTTAGES III, LLC

Current Principal Place of Business:

4545 ESTERO BLVD
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

1674 W SMITH VALLEY ROAD
SUITE A
GREENWOOD, IN 46142

New Mailing Address:

FEI Number: 35-2126407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUEGGEMANN, THOMAS W
739 ESTERO BLVD
FORT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	SMITH, DARIN M	
Address:	1674 W SMITH VALLEY ROAD	
City-St-Zip:	GREENWOOD, IN 46142	
Title:	MGRM	( ) Delete
Name:	TURNBILL, KEITH	
Address:	401 NORTH GREENBRIAR DRIVE	
City-St-Zip:	GREENWOOD, IN 46142	
Title:	MGRM	( ) Delete
Name:	BRUEGGEMANN, THOMAS W	
Address:	1674 W SMITH VALLEY RAOD	
City-St-Zip:	GREENWOOD, IN 46142	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: THOMAS BRUEGGEMANN MGRM 07/26/2004

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