


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90009 035 \*\*\*\*50.00

<b>DOCUMENT # L04000001371</b>					
<b>1. Entity Name</b> SR33 III, LLC					
<b>Principal Place of Business</b> 250 SOUTH PARK AVENUE, SUITE 630 WINTER PARK, FL 32789			<b>Mailing Address</b> P.O. BOX 3010 WINTER PARK, FL 32790-3010		
<b>2. Principal Place of Business</b> 250 Park Avenue South			<b>3. Mailing Address</b>		
Suite, Apt. #, etc. <b>Suite 630</b>			Suite, Apt. #, etc.		
City & State <b>Winter Park, FL</b>			City & State		
Zip <b>32789</b>		Zip		Country	
<b>4. FEI Number</b> APPLIED FOR				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BATTAGLIA, W P 250 SOUTH PARK AVENUE, SUITE 630 WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 250 Park Avenue South Suite 630 City Winter Park FL 32789		
<b>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.</b> SIGNATURE <u>W.P. Battaglia</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>04/20/06</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BATTAGLIA, W.P. P.O. BOX 3010 WINTER PARK, FL 32790		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>W.P. Battaglia</u> <b>W.P. Battaglia</b> <u>04/20/06</u> <b>407-622-1700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					