

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-02-2005 90113 022 ****55.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000007945			
1. Entity Name RAPHAEL III, LLC			
Principal Place of Business C/O GULF BAY INVESTMENTS 3470 CLUB CENTER BLVD NAPLES, FL 34114		Mailing Address C/O GULF BAY INVESTMENTS 3470 CLUB CENTER BLVD NAPLES, FL 34114	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 51-0505961		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		01082005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent WOODWARD, MARK J C/O WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMiami TRAIL NORTH, STE 200 NAPLES, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HR MGRM Sunnymede Farm II, LPE. 3470 Club Center Boulevard Naples, FL 34114 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED NAME OF REGISTERED AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4/14/05 (209) 732-9400 Daytime Phone #	