

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90019 025 ****50.00

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| DOCUMENT # L04000018465 | |
| 1. Entity Name MADEIRA BAY PARTNERS III, LLC | |



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|---|---|
| Principal Place of Business 1114 17TH AVENUE SOUTH #205 NASHVILLE, TN 37212 | Mailing Address 1114 17TH AVENUE SOUTH #205 NASHVILLE, TN 37212 |
|---|---|

20049776



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| 2. Principal Place of Business 2101 W PLATT STREET | 3. Mailing Address 3550 CORPORATE WAY |
| Suite, Apt. #, etc. SUITE 201 | Suite, Apt. #, etc. SUITE C |
| City & State TAMPA FLORIDA | City & State DULUTH, GA |
| Zip 33606 | Country USA |
| Zip 33606 | Country USA |

04212005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 72-1580942 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HOFSTRA, PETER T ESQ 8640 SEMINOLE BOULEVARD SEMINOLE, FL 33772 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEWIS, SAM 1114 17TH AVENUE SOUTH, #205 NASHVILLE, TN 37212 <input checked="" 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 | MGRM LIST DEVELOPERS, LLC 2101 W PLATT ST STE 201 TAMPA, FL 33606 <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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

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|---|-------------------------------------|-------------------------------|
| SIGNATURE: | John M. Scott Authorized Rep | 4/21/05 (770) 622-2121 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # |