

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019258

Entity Name: D & L SUNSET III, L.L.C.

FILED  
Apr 12, 2007  
Secretary of State

**Current Principal Place of Business:**

627 NORTH MAYO ST.  
P.O. BOX 725  
CRYSTAL BEACH, FL 34681 US

**New Principal Place of Business:**

627 NORTH MAYO ST.  
CRYSTAL BEACH, FL 34681 US

**Current Mailing Address:**

P. O. BOX 725  
CRYSTAL BEACH, FL 34681 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NAUMANN, DOUGLAS E  
627 NORTH MAYO ST.  
CRYSTAL BEACH, FL 34681 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NAUMANN, DOUGLAS E  
Address: 627 NORTH MAYO ST.  
City-St-Zip: CRYSTAL BEACH, FL 34681 US

Title: MGRM ( ) Delete  
Name: NAUMANN, LIZA B  
Address: 627 NORTH MAYO ST.  
City-St-Zip: CRYSTAL BEACH, FL 34681 US

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: DOUGLAS E NAUMANN

MGRM

04/12/2007

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