

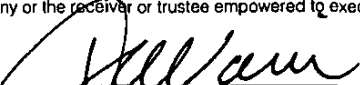


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90053 040 \*\*\*\*55.00

<b>DOCUMENT # L04000024622</b> 1. Entity Name <b>OVIEDO CROSSROADS III, LLC</b>					
Principal Place of Business <b>1652 MARKHAM WOODS RD LONGWOOD, FL 32779</b>			Mailing Address <b>1652 MARKHAM WOODS RD LONGWOOD, FL 32779</b>		
2. Principal Place of Business <b>400 High Point Drive</b>		3. Mailing Address <b>400 High Point Drive</b>			
Suite, Apt. #, etc. <b>Suite 500</b>		Suite, Apt. #, etc. <b>Suite 500</b>			
City & State <b>Cocoa, FL</b>		City & State <b>Cocoa, FL</b>		4. FEI Number <b>20-0948774</b>	
Zip <b>32926</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>INTRASTATE REGISTERED AGENT CORP 200 S ORANGE AVE, STE 2600 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>S&amp;S Enterprises, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 High Point Drive</b> <b>Suite 500</b> City <b>Cocoa</b> <b>FL</b> Zip Code <b>32926</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.					
SIGNATURE 		<b>T.A. Vani, President</b>		<b>4/14/05</b>	
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	MGR S&S Enterprises, Inc. 400 High Point Dr., Suite 500 Cocoa, FL 32926	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OCR-TMH, Inc. 1652 Markham Woods Rd. Longwood, FL 32779	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
SIGNATURE: 		<b>T.A. Vani</b>		<b>4/14/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	