


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90092 001 ***150.00

DOCUMENT # L04000033284	
1. Entity Name CWI INVESTOR HOLDINGS THREE, LLC	

Principal Place of Business 7700 PRINCESS DRIVE SUITE 11 SCOTTSDALE AZ 85255 US	Mailing Address 7700 PRINCESS DRIVE SUITE 11 SCOTTSDALE AZ 85255 US
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2. Principal Place of Business 301 W Warner Rd Suite, Apt. #, etc. #118	3. Mailing Address 301 W Warner Rd Suite, Apt. #, etc. #118
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City & State Tempe AZ	City & State Tempe AZ	4. FEI Number 20-2436318	Applied For <input type="checkbox"/> Not Applicable
Zip 85284	Country MARICOPA	Zip 85284	Country MARICOPA



1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent DOWNING, GRANT T 222 W. COMSTOCK AVENUE SUITE 101 WINTER PARK FL 32789		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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLD, PETER M 7700 PRINCESS DRIVE, SUITE 11 SCOTTSDALE AZ 85255 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORONADO WEST INC 301 W Warner Rd #118 Tempe AZ 85284 <input checked="" 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
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
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 exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-21-06 5808200977