


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 07, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000033313</b> 1. Entity Name WYNNE CAPITAL III, LLC	
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Principal Place of Business 8000 SOUTH US ONE, SUITE 402 PORT ST. LUCIE, FL 34952	Mailing Address 8000 SOUTH US ONE, SUITE 402 PORT ST. LUCIE, FL 34952
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01122006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  FEE, FRANK H III 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000424357  
02/18/06-80047-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR WYNNE, MATTHEW LYLE 8000 SOUTH US ONE, SUITE 402 PORT ST. LUCIE, FL 34952
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  Matthew Lyle Wynne 1/26/06 (772) 878-5511

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

Date

Daytime Phone #