


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L04000053996 1. Entity Name ILYAMT ASSOCIATES III, LLC	
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Principal Place of Business 800 WEST PLYMOUTH AVENUE DELAND, FL 32720	Mailing Address 800 WEST PLYMOUTH AVENUE DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE

01102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0540545	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

BOOKER, KIM C ATTY
 BOOKER & ASSOCIATES, P.A.
 2582 SOUTH VOLUSIA AVE
 ORANGE CITY, FL 32763

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 reinstating)

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAPULONG, ZENAIDA L 800 WEST PLYMOUTH AVENUE DELAND, FL 32720
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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: ZENAIDA L. CAPULONG Date: 4.16.08 Daytime Phone #: 386 822-9165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #