



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

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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 _____
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 #