2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 11, 2008 08:00 All Secretary of State **DOCUMENT # L04000069898** 1. Entity Name **GROUP III, LLC** Principal Place of Business Mailing Address 6537 MARISSA LOOP 6537 MARISSA LOOP UNIT #8 UNIT #8 NAPLES, FL 34108 NAPLES, FL 34108 US CR2E083 (12/07) 04072008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1659379 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREIWE, RICHARD F DO NOT WRITE 6537 MARISSA LOOP UNIT#8 IN THIS SPACE NAPLES, FL 34108 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 the 4 applicable (NOTE: Registered Agent signature required when remetating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE GREIWE, RICHARD F NAME U00000892501 n4/23/08-80068-007 138.75 6357 MARISSA LOOP, UNIT #8 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 TITLE NAME STREET ADDRESS City-ST-2IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ππε NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE