2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DC	CL	JMF!	NIT	#	IΩ	1በበ	າດດ	76:	₹1	3
1 11	/\ <i>_</i> /\	JIVII			LU°	TUL	JUU	/ U	<i>.</i>	•

1. Entity Name

KAHLE FAMILY INVESTMENTS III, LLC



Principal Place of Business

6020 5TH STREET S.W. VERO BEACH, FL 32968 Mailing Address

6020 5TH STREET S.W. VERO BEACH, FL 32968



DO NOT WRITE IN THIS SPACE

01152007 No Chg-LLC CR2E083 (11/05)

4.	FEI Number
	51-0538949

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

TIERNEY, THOMAS W ESQ ROSSWAY MOORE & TAYLOR 5070 NORTH HIGHWAY A-1-A, SUITE 200 VERO BEACH, FL 32963

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.	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

V00000598433 01/24/07-80074-021 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KAHLE, GEORGE A
STREET ADDRESS	6020 5TH STREET SOUTHWEST
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	

DO NOT WRITE IN THIS SPACE

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 flability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1-15-00

772-778-2224

Date

Daytime Phone #