## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTI

## **DOCUMENT # L04000076388** FILED WR DEVELOPMENT III, L.L.C. 2007 MAR 29 AM 10: 59 Principal Place of Business Mailing Address SECRETARY OF STATE 3838 TAMIAMI TRAIL NORTH 3838 TAMIAMI TRAIL NORTH TALLAHASSEE, FLORIDA SUITE 416 SUITE 416 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1927122 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IRC Investor Services LLC U.S. INVESTOR SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 3838 TAMIAMI TRAIL NORTH **SUITE 416** 3838 Tamiami Trail North, Suite 416 NAPLES, FL 34103 City Naples 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, typed or printed name of registered agent and title if applicable Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MGR X Addition TITLE ■ Delete TITLE Change IRC Management LLC U.S. INVESTMENT, LLC NAME NAME 3838 TAMIAMI TRAIL NORTH SUITE 416 3838 Tamiami Trail North, Suite 416 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP Naples, FL 34103 TITLE ☐ Delete 000095787410 STREET ADDRESS STREET ADDRESS 04/04/07--01025--010 CITY-ST-7IP CITY-ST-7IP ☐ Delete Addition TITLE TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.