


# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000076388			
1. Entity Name WR DEVELOPMENT III, L.L.C.			
Principal Place of Business 3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103		Mailing Address 3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

## FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1927122		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
U.S. INVESTOR SERVICES, INC. 3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103		Name <b>IRC Investor Services LLC</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>3838 Tamiami Trail North, Suite 416</b>	
		City <b>Naples</b>	FL Zip Code <b>34103</b>

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 *Rainer Filthaut* Rainer Filthaut 3/26/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR U.S. INVESTMENT, LLC <input checked="" type="checkbox"/> Delete 3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IRC Management LLC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3838 Tamiami Trail North, Suite 416 Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>000095787410</b> <b>04/04/07--01025--010 **50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rainer Filthaut* Rainer Filthaut 3/26/07 239-213-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #