

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90159 007 \*\*\*\*50.00

**DOCUMENT # L04000090575**

1. Entity Name

WESTPOINTS INVESTMENT PARTNERS III, LLC



20008966



Principal Place of Business  
1004 COLLIER CENTER WAY, SUITE 100  
NAPLES, FL 34110

Mailing Address  
1004 COLLIER CENTER WAY, SUITE 100  
NAPLES, FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1875532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, RONALD JR CPA  
1004 COLLIER CENTER WAY, SUITE 100  
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BAILEY, RONALD JR  
STREET ADDRESS 1004 COLLIER CENTER WAY, SUITE 100  
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGRM ☐ Delete  
NAME SPOTTE, WALTER  
STREET ADDRESS 1381 PARK LAKE DR.  
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGRM ☐ Delete  
NAME NORGART, MITCHELL L  
STREET ADDRESS 2919 REGATTA ROAD  
CITY-ST-ZIP NAPLES, FL 34103

TITLE MGRM ☐ Delete  
NAME MILLER, MATTHEW  
STREET ADDRESS 1004 COLLIER CENTER WAY, SUITE 100  
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*

*Ronald Bailey Jr.*

4/7/05

(259) 597-8866

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

Date

Daytime Phone #