2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# L05000007993

Entity Name: GOLDEN PASCO PARTNERS III, LLC

Current Principal Place of Business:

2534 GULFBREEZE CIRCL
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

2534 GULFBREEZE CIRCL
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 20-2247642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARK, FOUSHEE
2534 GULFBREEZE CIRCLE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR
Name: FOUSHEE, DAVID
Address: 7711 VISAO DRIVE
City-St-Zip: SCOTTSDALE, AZ 85262 US

Title: MGRM
Name: FOUSHEE, CHUN CHA
Address: 7711 VISAO DRIVE
City-St-Zip: SCOTTSDALE, AZ 85262 US

Title: MGRM
Name: FOUSHEE, MARK
Address: 1401 GULF BLVD STE 11
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM
Name: LINDELSEE, MARK
Address: 9980 INDIAN KEY TRAIL
City-St-Zip: SEMINOLE, FL 33776 US

Title: MGRM
Name: CHARD, WAIRA
Address: 1401 GULF BLVD #11
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: MGRM
Name: FOUSHEE, ROSS
Address: 233 LOS PRADOS DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: MARK FOUSHEE MGRM 05/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date