

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90255 036 ****50.00

DOCUMENT # L05000012979

1. Entity Name
BV DEVELOPMENT III, LLC



00037833

Principal Place of Business
401 COMMERCIAL COURT STE. A
VENICE, FL 34292

Mailing Address
401 COMMERCIAL COURT STE. A
VENICE, FL 34292

2. Principal Place of Business - No P.O. Box #
779 Commerce Drive

3. Mailing Address
779 Commerce Drive

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Venice, FL

City & State
Venice, FL

Zip
34292

Country
Sarasota

Zip
34292

Country
Sarasota

04052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2477869

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, CHARLES D
420 N RIVER ROAD
VENICE, FL 34293

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BV DEVELOPMENT, INC A FL CORP
401 COMMERCIAL CT., SUITE A
VENICE, FL 34292 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BV Development, Inc A FL Corp.
779 Commerce Drive, Suite 1
Venice, FL 34292 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

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

James David Taylor

4/18/07

Date

941-488-7682

Daytime Phone #