## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State DOCUMENT # L05000027230 05-02-2006 90029 049 \*\*\*\*55.00 1. Entity Name AMÉRICAN PIONEER III, LLC Principal Place of Business Mailing Address 20042526 20 NORTH EOLA DRIVE 20 NORTH EOLA DRIVE ORLANDO, FL 32801 ORLANDO, FL 32801 CHANGE CHANGE 3. Mailing Address 933 Lee Rd. 2. Principal Place of Business 7,-11 933 Lee Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E083 (11/05) Chg-LLC Suite 400 Suite 400 City & State City & State Orlando, FL 4. FEI Number Applied For 000 Orlando, FL 20-2749047 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32810 32810 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stephen F. Foreman HGRDING, ROBERT LESQ. Street Address (P.O. Box Number is Not Acceptable) 2211 Lee Rd., Suite 100 20 NORTH EOLA DRIVE ORLANDO, FL 32801 City Winter Park Zip Code 8. The above named suffly 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 obligation Stephen F. Foreman, Manager 2/22/06 SIGNATUR (NOTE: Registered Agent signature required when reinstating) DATE Fillng Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Manager Delete TITLE Change K Addition HARDING, ROBERT L ESQ. NAME NAME Stephen F. Foreman 20 NORTH EOLA DRIVE STREET ADDRESS STREET ADDRESS 2211 Lee Rd., Suite 100 ORLANDO, FL 32801 CITY-ST-ZIP CITY-ST-7IP Winter Park, FL 32789 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ARRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 receive intrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

Stephen F. Foreman, Manager 2/22/06

May 02, 2006 8:00 am