FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90029 049 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000027230

1. Entity Name
AMERICAN PIONEER III, LLC

20042526

01162006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
20 NORTH EOLA DRIVE ORLANDO, FL 32801	20 NORTH EOLA DRIVE ORLANDO, FL 32801
CHANGE	CHANGE
2. Principal Place of Business: 933 Lee Rd.	3. Mailing Address: 933 Lee Rd.
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32810 Country: USA	Zip: 32810 Country: USA

4. FEI Number: 20-2749047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HGRDING, ROBERT L ESQ. 20 NORTH EOLA DRIVE ORLANDO, FL 32801	Name: Stephen F. Foreman Street Address (P.O. Box Number is Not Acceptable): 2211 Lee Rd., Suite 100 City: Winter Park FL Zip Code: 32789

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] Stephen F. Foreman, Manager 2/22/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARDING, ROBERT L ESQ. 20 NORTH EOLA DRIVE ORLANDO, FL 32801	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Stephen F. Foreman 2211 Lee Rd., Suite 100 Winter Park, FL 32789	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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] Stephen F. Foreman, Manager 2/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #