

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90029 049 *****55.00

DOCUMENT # L05000027230		
1. Entity Name AMERICAN PIONEER III, LLC		

Principal Place of Business 20 NORTH EOLA DRIVE ORLANDO, FL 32801	Mailing Address 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

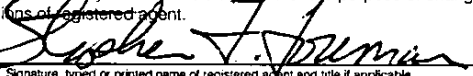
20042526



01162006 Chg-LLC CR2E083 (11/05)

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 HGRDING, ROBERT L ESQ. 20 NORTH EOLA DRIVE ORLANDO, FL 32801		7. Name and Address of New Registered Agent 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  Stephen F. Foreman, Manager 2/22/06

(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
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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
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:  Stephen F. Foreman, Manager 2/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #