FILED Jun 04, 2007 8:00 am Secretary of State 05-08-2007 90115 014 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000027230 1. Entity Name AMERICAN PIONEER III, LLC							•		
Principal Place of Business Mailing Address									
933 LEE RD. 933 LEE RD. 0RLANDO, FL 32810						: A 1818 Shi Pari Bari Bari Bari		6 1800 121 1800 1 1800 121 1800	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04232007	Chg-LLC	CR2E083 (12/06)	ı	
City & Stat	é	City & State				4. FEI Numb 20-274			pplied For of Applicable
Zip	Country	Zip	Coun	Country		5. Certificate	of Status Desired	\$5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	Name			7. Name an	Address of New R	egistered Agent	-
2211 LEE	STEPHEN F RD., SUITE 100 PARK, FL 32789	Street Address			Address (I	P.O. Box Numb	er is Not Acceptable)	
				City			<u> </u>	FL Zip Coo	le
The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.					r registere	ed agent, or bo	th, in the State of Flo		and accept
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w						when reinstating)		DATE	
Fi D	lling Fee is \$50.00 ue by May 1, 2007							e check payable to Department of Stat	•
9.	MANAGING MEMBE	_	10.		1		ADDITIONS/		
TITLE NAME	HARDING, ROBERT L ESQ.	Dekts Dekts	TITLE NAMI					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	20 NORTH EOLA DRIVE ORLANDO, FL. 32801			ET ADORESS -ST-ZIP					
TITLE	MGR	Delete	TITLE		MGR			Change	Addition
STREET ADDRESS CITY+S1-ZIP	FOREMAN, STEPHEN F 2211 LEE RD. SUITE 100 WINTER PARK, FL 32789			E E1 address -s1-zyp					
TITLE	THITCH TARK, TE SEISS	☐ Delete	TITLE		MGF	. •		☐ Change	⊠ Addition
MAME Street Address City-St-Zip				ET ADDRESS - ST-ZIP	933 ORLA	NDO, FL	D. SUITE 40	00	
TITLE NAME		☐ Delete	TITLE		MGR	E SCHOO	חופות	Change	X Addition
STREET ADDRESS CITY-ST-ZIP			STREE	ET adoress - St-Zip	933	LEE ROAI NDO, FL	D, SUITE 40	00	
TITLE NAME		☐ Delete	TITLE				-	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREE	Et adoress ·St-ZIP					
TITLE NAME		☐ Delete	TIFLE					☐ Change	Addition
STREET ADDRESS CITY+ST-ZIP			STRE	: F1 address · S1 - 77P					
11. Thereby 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 1 100 4 26/07 407862 5900									
	SIGNATURE AND TYPED OF PRINTED HAME O	F BIGHING MANAGING MEMBER, MAN	AGER, OR	AUTHORIZE	D REPRESEN	TATIVE	1 perm 1	Daytene Phone #	