

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027230

Entity Name: AMERICAN PIONEER III, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

933 LEE RD.
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

933 LEE RD.
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 20-2749047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORMAN, STEPHEN F
2211 LEE RD., SUITE 100
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

FOREMAN, STEPHEN F
2211 LEE RD., SUITE 100
WINTER PARK, FL 32789 US

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.

SIGNATURE: STEPHEN F FOREMAN

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOREMAN, STEPHEN F
Address: 2211 LEE RD. SUITE 100
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: JOHNSON, BRYAN A
Address: 933 LEE RD STE 400
City-St-Zip: ORLANDO, FL 32810

Title: MGRM () Delete
Name: SCHOOLFIELD, WAYNE
Address: 933 LEE RD STE 400
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRYAN A JOHNSON

MGRM

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date