

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90124 022 \*\*\*138.75

60021079



<b>DOCUMENT # L05000028920</b> 1. Entity Name <b>PS III HOLDINGS, LLC</b>																													
Principal Place of Business <b>5111 OCEAN BLVD. SARASOTA, FL 34242</b>			Mailing Address <b>5111 OCEAN BLVD. SARASOTA, FL 34242</b>																										
2. Principal Place of Business - No P.O. Box # <b>8037 MIDNIGHT PASS</b>		3. Mailing Address <b>8037 MIDNIGHT PASS</b>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>20-2528508</b>																									
Zip <b>34242</b>		Country <b>SARASOTA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>STROM, PAUL J 5111 OCEAN BLVD. SARASOTA, FL 34242</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 _____ (NOTE: Registered Agent signature required when reinstating)																													
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>																										
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STROM, PAUL J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5111 OCEAN BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34242</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">8037 MIDNIGHT PASS</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SARASOTA, FL 34242</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	STROM, PAUL J		STREET ADDRESS	5111 OCEAN BLVD.		CITY-ST-ZIP	SARASOTA, FL 34242		TITLE	8037 MIDNIGHT PASS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SARASOTA, FL 34242		STREET ADDRESS			CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete																											
NAME	STROM, PAUL J																												
STREET ADDRESS	5111 OCEAN BLVD.																												
CITY-ST-ZIP	SARASOTA, FL 34242																												
TITLE	8037 MIDNIGHT PASS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	SARASOTA, FL 34242																												
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
<b>SIGNATURE:</b> <div style="float: right; text-align: right;"> <b>4/1/08</b>    <b>941.349.3045</b> </div>																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													