

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90261 016 ***138.75

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1. Entity Name
 STRATEGIC CROSSING PHASE III, L.L.C.

Principal Place of Business
 17 WEST CEDAR STREET
 SUITE 3
 PENSACOLA, FL 32502

Mailing Address
 POB 12725
 PENSACOLA, FL 32591

60010100



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number
~~22-9314309~~ 22-3914383

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CARR, JOHN S
 17 WEST CEDAR STREET
 SUITE 3
 PENSACOLA, FL 32502

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARR, JOHN S 17 W CEDAR ST STE 3 PENSACOLA, FL 32502	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICKELSEN, ERIC J 17 W CEDAR ST STE 3 PENSACOLA, FL 32502	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NASH, NEAL B 120 E MAIN ST STE A PENSACOLA, FL 32502	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: John S. Carr John S. Carr Manager 3/10/08 (850)434-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #