


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90355 023 ****50.00

DOCUMENT # L05000070881		
1. Entity Name JRD INVESTORS, LLC III		

Principal Place of Business 4559 PINEHURST GREENS CT. ESTERO, FL 33928	Mailing Address 4559 PINEHURST GREENS CT. ESTERO, FL 33928
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60034378

2. Principal Place of Business - No P.O. Box # 6680 Mossy Glen Drive Suite, Apt. #, etc.	3. Mailing Address 6680 Mossy Glen Drive Suite, Apt. #, etc.
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04022007 Chg-LLC CR2E083 (12/06)

City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33908	Country U.S.

4. FEI Number 20-3166637	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DRAGO, JOSEPH D 4559 PINEHURST GREENS CT. ESTERO, FL 33928	
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7. Name and Address of New Registered Agent Name DRAGO, Joseph D. Street Address (P.O. Box Number is Not Acceptable) 6680 Mossy Glen Drive City Fort Myers FL Zip Code 33908	
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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) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	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	MGR DRAGO, JOSEPH D 4559 PINEHURST GREENS CT. ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRAGO, Joseph D 6680 Mossy Glen Drive Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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"/> Delete	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:  4/7/07 239826251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #