2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000093576

1. Entity Name

SEA PINES III NORTH, L.C.



Principal Place of Business

Mailing Address

2901 WEST BUSCH BOULEVARD

2901 WEST BUSCH BOULEVARD SUITE 901

SUITE 901 SUITE 901 TAMPA, FL 33618 TAMPA, FL 33618

60031290



FILED

Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90022 035 ***143.75

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01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3685927

Applied For Not Applicable

5. Certificate of Status Desired

 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

BEKIEMPIS, VINCENT 2901 WEST BUSCH BOULEVARD SUITE 901 TAMPA, FL 33618

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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 the obligations of registered agent. 	with, and accept
	the dungations of registered agents.	
SI	IGNATURE	

(NOTE Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP	MGR BEKIEMPIS, VINCENT 2901 W BUSCH BOULEVARD, SUITE 901 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
NAME SIREET ADDRESS CHY-ST-ZIP	certify that the information supplied with this filing does not qualify for the

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11. I hereby certify that the information supplied vitry 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 companyor the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

VINCENT BEKIEMPIS

ED NAME DE MISHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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915-9727

Daytime Phone #