

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90110 035 ****50.00

DOCUMENT # L05000096644	
1. Entity Name FLORIDA III, LLC	

Principal Place of Business 6611 S EASTERN AVE HOMOSASSA, FL 34446	Mailing Address 6611 S EASTERN AVE HOMOSASSA, FL 34446
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0753661		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent REICHEY, TRACEY 6611 S EASTERN AVE HOMOSASSA, FL 34446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MRGM REICHEY, TRACEY 6611 S EASTERN AVE HOMOSASSA, FL 34446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM REICHEY, JOHN 6611 S EASTERN AVE HOMOSASSA, FL 34446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM PEEK, DAVID C 6611 S EASTERN AVE HOMOSASSA, FL 34446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM DAVID C. PEEK TRUSTEE FOR THE DAVID C. PEEK LIVING TRUST 6611 S. EASTERN AVENUE HOMOSASSA, FLORIDA 34446 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Tracey Reichey* **4/27/07 732-9285592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Tracey Reichey