




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

47.

FILED
May 18, 2006 8:00 am
Secretary of State

04-24-2006 90063 009 ****50.00

DOCUMENT # L05000096819					
1. Entity Name BIG JIM III, LLC					
Principal Place of Business 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 34233			Mailing Address 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 34233		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04062008 Chg-LLC CR2E083 (11/05) 4. FEI Number 30-0337197 <input type="checkbox"/> Applied For 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TURNER, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236				Name Carrion, Jaime S	
				Street Address (P.O. Box Number is Not Acceptable) 3665 Bee Ridge Road #310	
				City Sarasota FL Zip Code 34233	
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:  Jaime S. Carrion 04/10/06 <small>(NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$50.00 Due by May 1, 2008				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carrion, Jaime S 3665 Bee Ridge Road #310 Sarasota, FL 34233 <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	
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: 				Jaime S. Carrion 04/10/06 (941)923-4551 <small>DATE DAYTIME PHONE #</small>	

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