

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112893

FILED
Aug 19, 2006
Secretary of State

Entity Name: SOUTH BEAR POINTE RANCHES III, LLC

Current Principal Place of Business:

3689 GULFSTREAM WAY
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

3689 GULFSTREAM WAY
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LUNSFORD, LARRY W
3689 GULFSTREAM WAY
DAVIE, FL 33328 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUNSFORD, LARRY W
Address: 3689 GULFSTREAM WAY
City-St-Zip: DAVIE, FL 33328 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MBR () Change (X) Addition
Name: LUNSFORD, LYNETTE R
Address: 3689 GULFSTREAM WAY
City-St-Zip: DAVIE, FL 33328 US

Title: MBR () Change (X) Addition
Name: BONFIGLIO, CHARLES SR
Address: 866 MARINA DRIVE
City-St-Zip: WESTON, FL 33327 US

Title: MBR () Change (X) Addition
Name: BONFIGLIO, ROBERTA
Address: 866 MARINA DRIVE
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY W LUNSFORD

MGRM

08/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date