2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000115959

1. Entity Name

LEEWARD SUBDIVISION PHASE III, LLC



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

525 DOWNHAUL DR

PENSACOLA, FL 32507 U

411 GREVE ROAD PENSACOLA, FL 32507

7 US



DO NOT WRITE IN THIS SPACE

04052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4074070

Applied For Not Applicable

5. Certificate of Status Desired

DX \$

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUERAS, JUAN E 7050 SW 86 AVENUE MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM LLAHUES, MANUEL R 3767 CARMEN COURT MIAMI, FL 33133
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CVTY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TTTLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000898150 04/25/08-80076-010 143.75

DO NOT WRITE IN THIS SPACE

11. 1 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: July

MANUEL R. LLAHUES

4/3/08

(305)788-9081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #