## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 27, 2008 08:00 Al Secretary of State

ANNUAL REPORT				Secretary of S	
DOCUMENT # L05000117256					•
1. Entity Nan 665 INVE	ne ESTMENT THREE, LLC				
Principal Plac	ce of Business	Mailing Address			
12800 UNIVERSITY DRIVE, SUITE 350 12800 UNIVERSITY DRIVE, SU FT. MYERS, FL 33907 FT. MYERS, FL 33907			ITE 350		
DO NOT WRITE IN THIS SPA			<b>○</b> □	02182008 No Chg-LLC	CR2E083 (12/07)
			CE	4. FEI Number 20-3941250	Applied For Not Applicable
ĺ		•		5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent					r ce maquirea
BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE, SUITE 350 FT. MYERS, FL 33907				DO NOT WI	
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 agent agent and title if applicable (NOTE: Registered Agent agent agent agent and title if applicable (NOTE: Registered Agent					
9.	MANAGING MEME				
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TASMAN, GARY 13241 UNIVERSITY DRIVE FT. MYERS, FL 33907	end/maivagend		000 04/10/	000871581 08-80004-007 138.7
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 adcurate 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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

239-470-96

Daytime Phone #