

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-27-2006 90045 046 ****50.00

DOCUMENT # L05000117285

1. Entity Name
TUSCANOOGA III, L.L.C.



Principal Place of Business
**1635 E. HIGHWAY 50, SUITE 300
CLERMONT, FL 34711**

Mailing Address
**1635 E. HIGHWAY 50, SUITE 300
CLERMONT, FL 34711**

30004340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3907659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOYETTE, WADE
1635 E. HIGHWAY 50, SUITE 300
CLERMONT, FL 34711**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CRAWFORD, JIMMY D
1635 E. HIGHWAY 50, SUITE 300
CLERMONT, FL 34711**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PEPPER, ALAN
1635 E. HIGHWAY 50, SUITE 300
CLERMONT, FL 34711**

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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:

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

Date

Daytime Phone #