

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000120604**

1. Entity Name  
TCD PARTNERS III, LLC



Principal Place of Business  
51 CAPTAIN DUNBAR ROAD  
BOX 2408  
BREWSTER, MA 02631 US

Mailing Address  
51 CAPTAIN DUNBAR ROAD  
BOX 2408  
BREWSTER, MA 02631 US



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4130807</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MEYER, DOUGLAS  
4636 LITTLE RIVER LANE  
FORT MYERS, FL 33905

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	EDMONDSON, CAROL
STREET ADDRESS	51 CAPTAIN DUNBAR ROAD BOX 2408
CITY-ST-ZIP	BREWSTER, MA 02631

TITLE	MGRM
NAME	EDMONDSON, THOMAS
STREET ADDRESS	51 CAPTAIN DUNBAR ROAD BOX 2408
CITY-ST-ZIP	BREWSTER, MA 02631

TITLE	MGRM
NAME	MEYER, DOUGLAS
STREET ADDRESS	4636 LITTLE RIVER LANE
CITY-ST-ZIP	FORT MYERS, FL 33905

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01/10/07-80001-005 50.00

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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 609, Florida Statutes.

SIGNATURE