

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019517

Entity Name: WILLIAM M LYNCH III LLC

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

1227 GOLFSIDE DR  
WINTER PARK, FL 32794

## New Principal Place of Business:

1227 GOLFSIDE DR  
WINTER PARK, FL 32792

## Current Mailing Address:

P.O. BOX 940246  
MAITLAND, FL 32794

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROUSE, RICHARD B  
978 DOUGLAS AVE  
SUITE 102  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

LYNCH III, WILLIAM M  
1227 GOLFSIDE DRIVE  
WINTER PARK, FL 32792 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: WILLIAM M. LYNCH III

04/24/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LYNCH, WILLIAM M III  
Address: 1227 GOLFSIDE  
City-St-Zip: WINTER PARK, FL 32792 US

Title: MGRM (X) Delete  
Name: LEMBERGER, KATHLEEN L  
Address: 7729 LAKESIDE WOODS DRIVE  
City-St-Zip: ORLANDO, FL 32810

## ADDITIONS/CHANGES:

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

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

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: WILLIAM M LYNCH III

MGRM

04/24/2007

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