


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90110 045 \*\*\*\*50.00

<b>DOCUMENT # L06000032704</b>	
1. Entity Name <b>LAKEVIEW PROPERTY HOLDINGS III, LLC</b>	

Principal Place of Business <b>2950 WILLOW BAY TERRACE CASSELBERRY, FL 32707</b>	Mailing Address <b>2950 WILLOW BAY TERRACE CASSELBERRY, FL 32707</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02042007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4983623</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>SLOANE, JEREMY S ESQ ZIMMERMAN, KISER &amp; SUTCLIFFE, P.A. 315 E. ROBINSON STREET, SUITE 600 ORLANDO, FL 32801</b>	
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7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

**SIGNATURE:** *John M. Muth* - Co-trustee of the Muth Family Trust dated 4/24/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

2/4/07