2008 LIMITED LIABILITY COMPANY

Apr 07, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # L06000038525 1. Entity Name GOPAL III, LLC Principal Place of Business Mailing Address 109 HOGAN LANE 109 HOGAN LANE **BRYAN, OH 43506 BRYAN, OH 43506** 02082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRICE, SCOTT M DO NOT WRITE 315 E ROBISON STREET STE 600 ORLANDO, FL 32801 IN THIS SPACE 11000000882734 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 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME POLICHERLA, PRASAD N 109 HOGAN LANE STREET ADDRESS CITY-ST-ZIP BRYAN, OH 43506 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED