


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000058488</b> 1. Entity Name <b>NYE PROPERTIES III, LLC</b>	
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Principal Place of Business <b>4677 BAYSIDE DRIVE MILTON, FL 32583</b>	Mailing Address <b>4677 BAYSIDE DRIVE MILTON, FL 32583</b>
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01062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-8433557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>HUTSON, GARY W 125 W. ROMANA STREET SUITE 800 PENSACOLA, FL 32502</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**03/27/08-80026-007 138.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NYE, JOHN D 4677 BAYSIDE DR MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NYE, ROSE MARIE 4677 BAYSIDE DR MILTON, FL 32583
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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:** Rose Marie Nye Rose Marie Nye 3-10-08 850-495-8588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #