
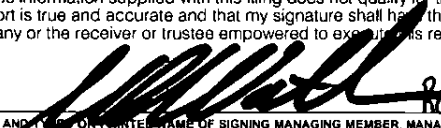


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90155 045 ****50.00

DOCUMENT # L06000073447 1. Entity Name COVENTRY ASSOCIATES LIMITED III, LLC					
Principal Place of Business 5200 RINGS ROAD DUBLIN, OH 43017			Mailing Address 5200 RINGS ROAD DUBLIN, OH 43017		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 7182			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Dublin, Ohio			
Zip 43017	Country USA	4. FEI Number 20-5265252		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVE. SUITE 2300 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name N/A 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 N/A <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
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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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: 			Robert D. Walter - Managing Member		
<small>SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE</small>			Date 3/22/07 Daytime Phone # 614-790-9090		