


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90538 001 ***150.00

DOCUMENT # L06000077182	
1. Entity Name PSD INVESTMENTS III, L.L.C.	

Principal Place of Business 3701 STATE ROAD 580 SUITE B OLDSMAR, FL 34677	Mailing Address 3701 STATE ROAD 580 SUITE B OLDSMAR, FL 34677
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2. Principal Place of Business - No P.O. Box # 2721 Merchant AVE	3. Mailing Address 2721 Merchant AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Odessa FL	City & State Odessa FL
Zip 33556	Country US
Zip 33556	Country US

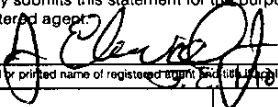


04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8647142	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 FERRAEZ, L.L.C. 1519 DR. MARTIN LUTHER KING ST. N. SUITE A-3 ST. PETERSBURG, FL 33704	7. Name and Address of New Registered Agent Name Julius E. Howard Jr. Street Address (P.O. Box Number is Not Acceptable) 2721 Merchant AVE City Odessa FL Zip Code 33556
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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 4/12/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOWARD, JULIUS E 17702 PATTERSON RD. ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOWARD, CHARLES E II 610 LAFAYETTE BLVD. OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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
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
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
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 608, Florida Statutes.

SIGNATURE:  DATE 4/12/07 813-854-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

J.E. Howard Jr.