### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L06000077182

1. Entity Name
PSD INVESTMENTS III, L.L.C.



FILED
Apr 07, 2008 08:00 A
Secretary of State

Principal Place of Business

DO NOT WRITE IN THIS SPACE

Mailing Address

2721 MERCHANT AVE ODESSA, FL 33556 2721 MERCHANT AVE ODESSA, FL 33556



03282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8647142

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

HOWARD, JULIUS E JR 2721 MERCHANT AVE ODESSA, FL 33556

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the obligations of registered agent	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
	the obliga	ations of registered agent			

9. The above paged entity submits this statement for the our pose of changing its registered office or registered agent, or both, in the State of Florida, it am familiar with and accept

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD, JULIUS E 17702 PATTERSON RD. ODESSA. FL 33556 MGRM HOWARD, CHARLES E II 610 LAFAYETTE BLVD. OLDSMAR. FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the e

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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 | 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGINE N

MIMBER, OR AUTHORIZED REPRESENTATIVE

412108

727-376-1940

TENHOWARL IT My Member

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Daylene Phone #