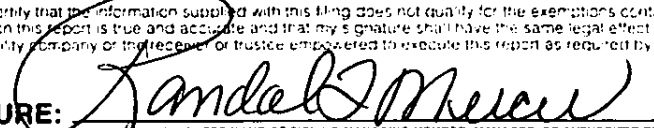


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90045 016 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000113247			
1. Entity Name MIP III, LLC			
Principal Place of Business 12670 NEW BRITTANY BLVD STE 101 FT MYERS, FL 33907		Mailing Address PO DRAWER 60205 FT MYERS, FL 33906	
2. Principal Place of Business - No P.O. Box # 13350 Metro Parkway		3. Mailing Address	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State	
Zip 33966	Country	Zip	Country
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD STE 101 FT MYERS, FL 33907		7. Name and Address of New Registered Agent Name 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 _____ DATE _____			
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 MGRM MERCER, RANDAL L 13350 METRO PKWY STE 102 FT MYERS, FL 33966	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM MERCER, RANDAL L. 16465 RAINBOW MEADOWS CT FT MYERS, FL 33908	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 executor or trustee empowered to execute this report as required by Chapter 119, Florida Statutes.			
SIGNATURE:  4/21/07		239- 850-0287	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			