

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016677

FILED
Apr 27, 2009
Secretary of State

Entity Name: INTERCOASTAL VILLAS III LLC

Current Principal Place of Business:

1110 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Principal Place of Business:

331 85 ST
MIAMI BEACH, FL 33141

Current Mailing Address:

1110 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Mailing Address:

PO BOX 145236
CORAL GABLES, FL 33114

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, CARLOS
1110 PONCE DE LEON
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RODRIGUEZ, CARLOS
331 85 ST
MIAMI BEACH, FL 33141 US

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.

SIGNATURE: CARLOS RODRIGUEZ

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, CARLOS
Address: 1110 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: RODRIGUEZ, JESSICA
Address: 1110 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, CARLOS
Address: 331 85 ST
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, JESSICA
Address: 331 85ST
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS RODRIGUEZ

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date