

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040520

Entity Name: ACT III ASSOCIATES, LLC

FILED  
Mar 09, 2009  
Secretary of State

## Current Principal Place of Business:

10801 ENDEAVOUR WAY  
B  
LARGO, FL 33773 US

## New Principal Place of Business:

10801 ENDEAVOUR WAY  
B  
LARGO, FL 33777 US

## Current Mailing Address:

3665 E. BAY DR.  
STE. 204-186  
LARGO, FL 33771 US

## New Mailing Address:

FEI Number: 20-8846675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YANKWITT, ERIC  
2322 E. OAKLAND PARK BLVD.  
2ND FLOOR  
FT. LAUDERDALE, FL 33306 US

## Name and Address of New Registered Agent:

JAMES, DIANE C  
206 HILLCREST DRIVE  
SAFETY HARBOR, FL 34695 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: DIANE JAMES

03/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: JAMES, GERALD W  
Address: 206 HILLCREST DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGR ( ) Delete  
Name: JAMES, DIANE C  
Address: 206 HILLCREST DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DIANE JAMES

MGR

03/09/2009

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