## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **DOCUMENT # L98000001138**



FILED Apr 26, 2007 8:00 am Secretary of State

PELICAN BAY DEVELOPMENTS III, L.C.						04-26-2007 90039 039 ****50.00				
Principal Place of Business 26381 SOUTH TAMIAMI TRAIL SUITE 300 BONITA SPRINGS, FL 34134			Mailing Address 26381 SOUTH TAMIAMI TRAIL SUITE 300 BONITA SPRINGS, FL 34134							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01092007	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State		4. FEI Numi 59-352				plied For t Applicable	
Zip	Zip Country		Zip	Country		Certificate of Status Desired				
	6. Name	and Address of Current R	egistered Agent			7. Name an	d Address of New R	egistered	Agent	
					Name			<del></del>		
CONROY, J. THOMAS III CONROY, COLEMAN & HAZZARD, P.A.					Street Address (P.O. Box Number is Not Acceptable)					
2640 GOL NAPLES, I		E PKWY, STE 115			:					
				City				FL	Zip Code	•
	named entitions of regist		the purpose of changing its	registere	ed office or registe	ered agent, or b	oth, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE		
Fi D	iling Fee i	is \$50.00 y 1, 2007					Make check payable to Florida Department of State			
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9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	/CHANGES	5	
TITLE	MGRM	MANAGING MEMBER		10.			ADDITIONS/	CHANGES		☐ Addition
-	NASHMA	N, JAMES A	☐ Delete	TITLE			ADDITIONS/	CHANGES	Change	Addition
TITLE NAME	NASHMA 26381 SC		☐ Delete	TITLE NAM STRE	E		ADDITIONS/	/CHANGES		Addition
TITLE NAME STREET ADDRESS	NASHMA 26381 SC	N, JAMES A DUTH TAMIAMI TRAIL S SPRINGS, FL 34134	☐ Delete	TITLE NAM STRE	E EET ADDRESS -ST-ZIP		ADDITIONS/	CHANGES		☐ Addition
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11. I hereby certify that the information supplied with this filing does not adality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurage 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

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

Daytime Phone #