


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90017 050 ****50.00

DOCUMENT # L99000008279					
1. Entity Name DANHE NO. III, LLC					
Principal Place of Business 9822 BAY MEADOW BONITA SPRINGS, FL 34135			Mailing Address 9822 BAY MEADOW BONITA SPRINGS, FL 34135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3688384	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'DONOVAN, HEDDA F 9822 BAY MEADOW BONITA SPRINGS, FL 34135			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: <i>Hedda F. O'Donovan</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <i>2-20-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'DONOVAN, HEDDA F 9822 BAY MEADOW BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'DONOVAN, HEDDA F 9822 BAY MEADOW BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'DONOVAN, DAN 9822 BAY MEADOW BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Hedda F. O'Donovan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <i>2-20-05</i> <i>239-949-0733</i> <small>Date Daytime Phone #</small>		

20017101



02082005 Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3688384

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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7. Name and Address of New Registered Agent

O'DONOVAN, HEDDA F
9822 BAY MEADOW
BONITA SPRINGS, FL 34135

Name
Street Address (P.O. Box Number is Not Acceptable)
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FL Zip Code

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

DATE: *2-20-05* *239-949-0733*
Date Daytime Phone #