## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M01000001355

1. Entity Name YAIR III, LLC



**FILED** May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

220 BUSH STREET, SUITE 1100 SAN FRANCISCO, CA 94104

Mailing Address

220 BUSH STREET, SUITE 1100 SAN FRANCISCO, CA 94104



04212006No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 94-3402499 Not Applicable \$5.00 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

KEYES, WILLIAM A JR. 2125 FIRST STREET, SUITE 101 FORT MYERS, FL 33901

## DO NOT WRITE IN THIS SPACE

| 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 |   |  |                          |
|--|---|--|--------------------------|
| SIGNATURE.   | Signature, typed or printed name of registered agent and little if applicable | (NQTE, Registered Agent signature required when reinstating) | DATE                     |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |   |  |                          |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>HERMES INVESTMENT CO., INC.<br>PO BOX 790<br>FORT MYERS, FL 339020790  |  | U00000549962             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  | 05/13/06-90040-023 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | DO   | NOT WRITE                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | IN '   | THIS SPACE               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |                          |

11. I hereby cartify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE