

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90028 012 \*\*\*\*50.00

**DOCUMENT # M02000003026**

1. Entity Name  
TAMPA OAKS III, L.L.C.



Principal Place of Business  
4200 W. CYRESS ST., STE. 444  
TAMPA, FL 33607

Mailing Address  
4200 W. CYRESS ST., STE. 444  
TAMPA, FL 33607

60032589



03192007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0126903

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE DP  
NAME RAUENHORST, JOSEPH J  
STREET ADDRESS 225 NE MIZNER BLVD 675  
CITY - ST - ZIP BOCA RATON, FL 33432

TITLE VTSD  
NAME GREENFIELD, BARRY  
STREET ADDRESS 4200 W. CYRESS ST., STE. 444  
CITY - ST - ZIP TAMPA, FL 33607

TITLE  
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CITY - ST - ZIP

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

813  
8774444