2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2008
Secretary of State

DOCUMENT# M04000002046

Entity Name: IPC FLORIDA III, LLC

Current Principal Place of Business:

C/O IPC REAL ESTATE MANAGEMENT
303 NORTH HURTSBORNE PARKWAY
LOUISVILLE, KY 40222

New Principal Place of Business:

C/O IPC REAL ESTATE MANAGEMENT
15601 DALLAS PARKWAY, SUITE 600
ADDISON, TX 75001

Current Mailing Address:

C/O IPC REAL ESTATE MANAGEMENT
303 NORTH HURTSBORNE PARKWAY
LOUISVILLE, KY 40222

New Mailing Address:

C/O IPC REAL ESTATE MANAGEMENT
15601 DALLAS PARKWAY, SUITE 600
ADDISON, TX 75001

FEI Number: 90-0168257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: IPC FLORIDA III MANA, GEMENT, INC.
Address: 303 NORTH HURSTBOURNE PARKWAY
City-St-Zip: LOUISVILLE, KY 40222

ADDITIONS/CHANGES:

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: GERALD J. REIHSEN, III EVP 07/18/2008

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