


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004343
 1. Entity Name
 KJZZINS BOWDEN HOSPITALITY III, LLC



Principal Place of Business 300 WOODBURY AVENUE PORTSMOUTH, NH 03801	Mailing Address 300 WOODBURY AVENUE PORTSMOUTH, NH 03801
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08312005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1714607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TARPON SPRINGS INVESTORS, LLC 300 WOODBURY AVENUE PORTSMOUTH, NH 03801
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 09/07/05-80015-008 50.00

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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: [Signature] Date: 9/1/05 Daytime Phone #: 603-431-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE