2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

DOCUMENT # M05000004803

1. Enlity Namo

SANCTUARY BAY HILL III, LLC



FILED Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90037 001 ****50.00

Principal Place of Business		Mailing Address	Mailing Address					
7284 WEST PALMETTO PARK ROAD, SUITE 1 BOCA RATON FL 33433			7284 WEST PALMETTO PARK ROAD, SUITE 1 BOCA RATON FL 33433					
2. Principal Place of Business - No P.O. Box #		# 3. Mailing Address	3. Mailing Address			I INGIDOLE HI BOIDI DIIII DOIII DRIM RRIM BRIK BI	J	HESEL III INNI
Suite, Apt. #, etc.		Suite, Apt. #, atc.	Suite, Apt. #, otc.			1st MOORE CR2E083 (10/06)		
City & State		City & State	City & State		4. FEI Nur	4. FEI Number		pplied For ot Applicable
Zip	Country	Zip	Coun	itry	5. Certific	5. Certificate of Status Desired Status Desired Fee Required		ditional
	6. Name and Address of C	urrent Registered Agent			7. Name and Address of New Registered Agent			
				Name				
728	NIEL A. KASKEL, P.A. 34 WEST PALMETTO P CA RATON FL 33433	PARK ROAD, SUITE 108	I	Stroet Address (P.O. Box Number is Not Acceptable)				
		- 	City			F		
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						0.135		
Signature, typed or printed name of registered agent and title if applicable. (f				d Agent sig nature required	I when reinstating)) DATE		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007								
9. MANAGING MEMBERS/MANAGERS						ADDITIONS/CHANGE	S	
IIILL	MGR	☐ Delete	TOTAL.				☐ Change	Addition
NAME:	BERDUGO, ELIÉ		NAMI					
STREET ADDRESS CITY ST-ZIP	7284 WEST PALMETTO PA	RK ROAD, SUITE 108	D, SUITE 108 SIRECT					
DILE	BOCA RATON FL 33433	Delete						
NAME.	1	∟ Detere	THU				Change	☐ Addition
STREET ADDRESS	•		4	ET ADDRESS				
CITY-ST-ZIP			CIIY	- S1 - ZIP				
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CITY-ST-ZIP	İ			-SI-7IP				
TOTLE	-	Delele	10106				Change	Addition
NAME	İ		NAMI.				<u> </u>	
STREET ADDRESS	İ			FLADDRESS				
CITY-SI-ZIP			CHY	·SI-ZIP				
TITLE	İ	Delete	HJLf.				☐ Change	☐ Addition
NAME erbeet apppress	İ		NAME					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS · ST- ZIP				
11. ! hereby o	certify that the information suppl	lied with this filing does not qualit	ify for the ex	emptions container	d in Section	119 Florida Statutes I further o	ortify that the i	nformation
indicated	on this report is true and accura	rate and that my signature shall her trustee empowered to execute to	have the sam	ne legal effect as if	f made under	er oath; that I am a managing me	ember or mana	ager of the
minoco na	sility company of the receiver of	Trustee empowered to execute	triis report as		ner coo, mon	lua Statutes.	_	
						- (1111110)	4	

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