


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M980000000003 1. Entity Name JACKSONVILLE AIRPORT HOTELS III, LLC	
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Principal Place of Business 1000 RED FERN PLACE FLOWOOD, MS 39232	Mailing Address PO BOX 320009 FLOWOOD, MS 39232
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04192005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0887443	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NORRIS, JOHN E ESQ 201 N MARION STREET, SUITE 301 LAKE CITY, FL 32055
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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STURDIVANT, MIKE P P.O. BOX 230 N/A GLENORA, MS 38928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STURDIVANT, GAINES P 1000 RED FERN PLACE FLOWOOD, MS 39232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONES, EARLE F 1000 RED FERN PLACE FLOWOOD, MS 39232
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00100342073 04/29/05-80038-024 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: *Carole P. Sturdivant* 4/22/05 601-936-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #