


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 A
Secretary of State

DOCUMENT # M98000000003
1. Entity Name
JACKSONVILLE AIRPORT HOTELS III, LLC



Principal Place of Business 1000 RED FERN PLACE FLOWOOD, MS 39232	Mailing Address PO BOX 320009 FLOWOOD, MS 39232
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 64-0887443	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

NORRIS, JOHN E ESQ
201 N MARION STREET, SUITE 301
LAKE CITY, FL 32055

**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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STURDIVANT, MIKE P P.O. BOX 230 N/A GLENDDORA, 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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05/17/06-80136-015 50.00

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IN THIS SPACE**

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: *Mike P Sturdivant* 4-21-06 601-936-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #