

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

2002 AUG 13 AM 11:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**DOCUMENT #**

1. Entity Name

M98000000759**AIOP GULFSTREAM OUTLOT III, LLC****DO NOT WRITE IN THIS SPACE****2. Principal Place of Business****29399 US Hwy 19 N.**

Suite, Apt. #, etc.

320

City & State

Clearwater, FL

Zip

33761

Country

Pinellas**3. Mailing Address****29399 US Hwy 19 N.**

Suite, Apt. #, etc.

320

City & State

Clearwater, FL

Zip

33761

Country

Pinellas**600007110226--7****-07/01/02--90331--001*******DO NOT WRITE IN THIS SPACE*******4. FEI Number****84-1483295**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$5.00** Additional
Fee Required**7. Name and Address of Current Registered Agent**

Name

Corporation Service Company

Street Address (P.O. Box Number Is Not Acceptable)

1201 Days Street

City

Tallahassee

FL

Zip Code

32301**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.****SIGNATURE**

Signature, typed or printed name of registered agent and type if applicable.

DATE

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Asset Investors Operating Partnership
STREET ADDRESS	29399 US Hwy 19 N, Suite 320
CITY-ST-ZIP	Clearwater, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Shannon E. Smith, CEO**727-724-8688**

CAGE

Daytime Phone #