

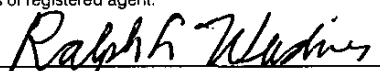
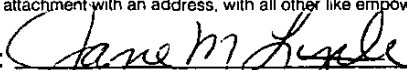


03-21-2006 90024 018 \*\*\*\*61.25

<b>DOCUMENT # N00000005818</b>				03-21-2006 90024 018 ****61.25	
1. Entity Name <b>IBIS POINTE III AT CARLTON LAKES, INC.</b>					
Principal Place of Business <b>ADVANCED PROPERTY MGMT SERVICE 3350 WOODS EDGE CIR., STE 104 BONITA SPRINGS, FL 34134</b>		Mailing Address <b>ADVANCED PROPERTY MGMT SERVICE 3350 WOODS EDGE CIR., STE 104 BONITA SPRINGS, FL 34134</b>		<b>90000000</b>	
2. Principal Place of Business <b>SW FL, LLC</b> <b>8910 Terrene Court</b> Suite, Apt. #, etc. <b>Suite 200</b>		3. Mailing Address <b>SW FL, LLC</b> <b>8910 Terrene Court</b> Suite, Apt. #, etc. <b>Suite 200</b>			
City & State <b>Bonita Springs, FL</b>		City & State <b>Bonita Springs, FL</b>		4. FEI Number <b>65-1067755</b>	
Zip <b>34135</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ADVANCED PROPERTY MGMT SERVICES C/O SUSAN L. THOMPSON 3350 WOODS EDGE CIR., STE. 104 BONITA SPRINGS, FL 34134</b>		7. Name and Address of New Registered Agent Name <b>Weidner, Ralph L.</b> <del>Gulf Breeze Management Svcs. of SW FL, LLC</del> Street Address (P.O. Box Number is Not Acceptable) <b>8910 Terrene Court</b> <b>Suite 200</b> City <b>Bonita Springs</b> <b>FL</b> Zip Code <b>34135</b>			
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  Signature, typed or printed name of registered agent and title if applicable.		Weidner, Ralph L.		3/8/06 DATE	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEISTEN, AL 5265 BIRMINGHAM DR #202 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Johnson, Howard 5260 Birmingham Drive, #101 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, MARIO 5265 BIRMINGHAM DR #101 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LYTLE, JANE 5265 BIRMINGHAM DR #102 NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CATANIA, RICHARD 5285 BRIMINGHAM DR #202 NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Jane M. Lytle		3-8-06 (239) 598-5268	