2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2005 8:00 am Secretary of State

| DOCUMENT # N9600000110 1. Entity Name PENSACOLA RETIREMENT VILLAGE III, INC. | | | | | | 03-15-2005 90020 013 ****70.00 | | | | |
|--|--|---|--|---|--|---|--|--------------------------------------|---|--|
| 1700 NORTH L STREET 80 | | Mailing Address 80 LUCERN CIR ORLANDO, FL 32801 | US | | | | | | | |
| | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 02162005 | Chg-NP | CR2 | E037 (10/03) | |
| City & State | | City & State | | | - | 4. FEI Numbe 59-336 | | | ├ | pplied For ot Applicable |
| Zip | Country | Zip | Country | | | 5. Certificate | of Status Desir | ed X | \$8.75 Ad | ditional |
| | 6. Name and Address of Current | Registered Agent | | | | 7. Name and | Address of No | w Registere | | |
| VEITU UE | INDV T | • | | Name | | | | | | |
| KEITH, HENRY T 80 LUCERN CIR ORLANDO, FL 32801 | | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | |
| | | | | City FL Zip Code | | | | | fe . | |
| 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. | | | | | | | | | , and accept | |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed or printed name or registered agent | and title if applicable. {NOTI | E: Registered | a väeur siäusir | beriuper en | when reinstating) | | DAT | E | |
| | Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Car Trust Fund (| πpaign Fi | inancing | | \$5.00 May B Added to Fees | le l | Make ch | eck payable to partment of S | |
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12. 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 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: __

MAN STATUTE SAMES ENGSON 03-1/-05
AND TYPED OR PRINTSO-MODE OF SIGNING OFFICER OR DIRECTOR

407-839-505

Daytime Phone #