2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P95000002481 1. Entity Name LONG BEACH RESORT III CORPORATION Principal Place of Business Mailing Address 11212 FRONT BEACH ROAD 3230 CAHABA VALLEY PANAMA CITY BEACH, FL 32407 INDIAN SPRINGS, AL 35124 04 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent STEPHENS, MICHAEL E. 1896 KINGFISH ROAD NAPLES, FL 34102

FILED					
May 01, 2007 08:00 AM					
Secretary of State					

272007	No Chg-P	CR2E034 (11/	
TEL Ni contrar			Applied For

4. FEI Number			Applied For
59-3293709			Not Applicable
5. Certificate of Status Desired		1.75 Additional Required	

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 Signature, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstalling) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	<u> </u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, MICHAEL E 1896 KINGFISH ROAD NAPLES, FL 34102							
TITLE NAME STREET ADDRESS CITY+ST-ZIP	S KASSOUF, GERARD J 2208 UNIVERSITY BOULEVARD BIRMINGHAM, AL 35233							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP					U08000750033			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				05/18/07-80047-011 150.00			
12. Thereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactament with an address, with all other like empowered								

Garard J Kassorf

NO OFFICER OR DIRECTOR

PRINTED NAME OF SIG

SIGNATURE: