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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000037431

1. Entity Name
ECOSYSTEMS LAND MITIGATION BANK III CORPORATION

FILED
05 MAR 29 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1555 HOWELL BRANCH RD. SUITE C-200 WINTER PARK, FL 32789-1109	1555 HOWELL BRANCH RD. SUITE C-200 WINTER PARK, FL 32789-1109 US

03152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5104 N. ORANGE BLOSSOM TRAIL	5104 N. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.: SUITE 210	Suite, Apt. #, etc.: SUITE 210
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32810 Country: USA	Zip: 32810 Country: USA

4. FEI Number: 59-3321557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUILDER, J. LINDSAY JR. GRAHAM,CLARK,JONES,BUILDER,PRATT & MARKS, 369 N NEW YORK AVENUE WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCARTHY, D. MILLER 10461 DOWN LAKEVIEW CIRCLE WINDERMERE, FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5104 N. ORANGE BLOSSOM TRAIL, SUITE 210 ORLANDO, FL 32810
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST FICKETT, ALAN G 1555 HOWELL BRANCH RD STE C-200 WINTER PARK, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5104 N. ORANGE BLOSSOM TRAIL, SUITE 210 ORLANDO, FL 32810
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3/29
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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 Alan G. Fickett Alan G. Fickett Secretary/Treas. 3/15/05 407-629-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #