

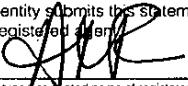
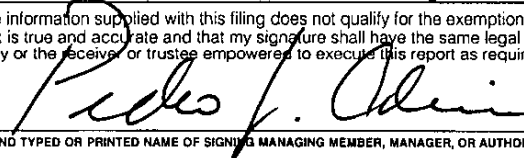


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP -6 AM 11:39

<b>DOCUMENT # L03000005305</b> 1. Entity Name BAHIA HONDA REAL ESTATE INVESTMENTS III, L.L.C.		
Principal Place of Business <del>% 2450 SW 137TH AVE., SUITE 221</del> <del>MIAMI, FL 33175</del>		Mailing Address <del>% 2450 SW 137TH AVE., SUITE 221</del> <del>MIAMI, FL 33175</del>
2. Principal Place of Business 4000 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 770 City & State Coral Gables, FL Zip 33146 Country USA	3. Mailing Address 4000 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 770 City & State Coral Gables, FL Zip 33146 Country USA	
6. Name and Address of Current Registered Agent <del>T&amp;A REGISTERED AGENT, INC.</del> <del>2450 SW 137TH AVE., SUITE 221</del> <del>MIAMI, FL 33175</del>		7. Name and Address of New Registered Agent Name A.M. Rojas, P.A. Street Address (P.O. Box Number is Not Acceptable) 1985 NW 80 COURT Suite 201 City Miami FL 33172
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: _____
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>ADRIAN REAL ESTATE INVESTMENTS III, L.L.C.</del> <del>2450 SW 137TH AVE., SUITE 228</del> <del>MIAMI, FL 33175</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	MGRM Bahia Honda Real Estate Investments III, Inc. 4000 Ponce de Leon Blvd., Ste. 770 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: 		DATE: _____ Day/Time Phone # _____

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