


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000081869</b> 1. Entity Name KRESS SQUARE III, LLC	
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Principal Place of Business 3155 NW 82ND AVENUE, SUITE 101 MIAMI, FL 33122	Mailing Address 3155 NW 82ND AVENUE, SUITE 101 MIAMI, FL 33122
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**DO NOT WRITE IN THIS SPACE**



04062007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-2740984	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  LEWIS, HAROLD L ONE BISCAYNE TOWER, SUITE 2400 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JASON, DORAN 3155 N.W. 82ND AVE., SUITE 101 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JASON, JEANETTE 476 BOSPHOROUS AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGG HEWETT, DWIGHT 3155 NW 82ND AVENUE, SUITE 101 MIAMI, FL 33122
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/20/07-80087-007 50.00

11. 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 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:       4-6-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #