

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081869

Entity Name: KRESS SQUARE III, LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

3155 NW 82ND AVENUE, SUITE 101
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

3155 NW 82ND AVENUE, SUITE 101
MIAMI, FL 33122

New Mailing Address:

FEI Number: 20-2740984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, HAROLD L
ONE BISCAYNE TOWER, SUITE 2400
2 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JASON, DORAN
Address: 3155 N.W. 82ND AVE., SUITE 101
City-St-Zip: MIAMI, FL 33122

Title: MGR () Delete
Name: JASON, JEANETTE
Address: 476 BOSPHOROUS AVENUE
City-St-Zip: TAMPA, FL 33606

Title: MGG () Delete
Name: HEWETT, DWIGHT
Address: 3155 NW 82ND AVENUE, SUITE 101
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HEWETT, DWIGHT
Address: 3155 NW 82ND AVENUE, SUITE 101
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DWIGHT HEWETT

MGR

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date