


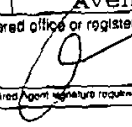
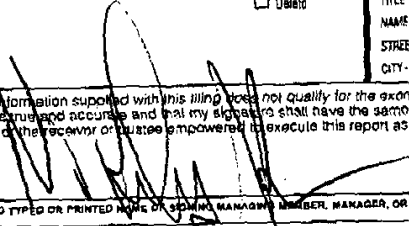
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FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90117 029 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000032722			
1. Entity Name 2901 TT-III, LLC			
Principal Place of Business % ADAM R. SCHIFFMAN, P.A. 2999 NE 191ST STREET, STE. 900 AVENTURA, FL 33180		Mailing Address % ADAM R. SCHIFFMAN, P.A. 2999 NE 191ST STREET, STE. 900 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # 2750 NE 185th Street Suite, Apt. #, etc. 2nd Floor		3. Mailing Address 2750 NE 185th Street Suite, Apt. #, etc. 2nd Floor	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180		Zip 33180	
Country		Country	
6. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R 2999 NE 191ST STREET, STE. 900 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Schiffman, Adam R Street Address (P.O. Box Number is Not Acceptable) 2750 NE 185th Street, 2nd Floor City Aventura FL Zip Code 33180	
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	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOMIN, NIKOLAY 2999 NE 191 STREET, #900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Komin, Nikolay 2750 NE 185th Street, 2nd Floor Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information reported 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: 		3/31/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

60023746



03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required