


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAR -8 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000082758					
1. Entity Name MMJ INVESTMENTS III, LLC					
Principal Place of Business 12460 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071			Mailing Address 12460 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-5445697 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLOOM, JONATHAN ESQ. BLOOM, BALLEW & FREELING, ATTYS. AT LAW 2285 NW CORPORATE BLVD., SUITE 117 BOCA RATON, FL 33431			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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MELAMED & KARP 401K F/B/O STEVEN Y. KARP	NAME			
STREET ADDRESS	12460 W. ATLANTIC BLVD.	STREET ADDRESS			
CITY - ST - ZIP	CORAL SPRINGS, FL 33071	CITY - ST - ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MELAMED & KARP 401K F/B/O ELLIOT MELAMED	NAME			
STREET ADDRESS	12460 W. ATLANTIC BLVD.	STREET ADDRESS	01/11/07-90128-011- \$50.00		
CITY - ST - ZIP	CORAL SPRINGS, FL 33071	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: <i>Steven Y. Karp</i>		STEVEN Y. KARP		1/4/07 9547573333	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	