


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 30 AM 8:42

DOCUMENT # L06000082758 1. Entity Name MMJ INVESTMENTS III, LLC	
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Principal Place of Business 12460 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071	Mailing Address 12460 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE

	
04292008 No Chg-LLC	CR2E083 (12/07)
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

BLOOM, JONATHAN ESQ.
BLOOM, BALLEEN & FREELING, ATTYS. AT LAW
2295 NW CORPORATE BLVD., SUITE 117
BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

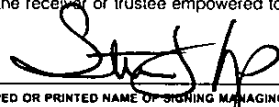
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELAMED & KARP 401K F/B/O STEVEN Y. KARP 12460 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELAMED & KARP 401K F/B/O ELLIOT MELAMED 12460 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/05/08--01006--004 **705.00

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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:  4/29/08 9547573338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #