


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90042 038 ***138.75

DOCUMENT # L99000003312			
1. Entity Name NAZARI ASSOCIATES III, LLC			
Principal Place of Business 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021		Mailing Address 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 4651 SHERIDAN ST Suite, Apt. #, etc. SUITE 302 City & State HOLLYWOOD, FLORIDA Zip 33021 Country USA		3. Mailing Address 4651 SHERIDAN ST Suite, Apt. #, etc. SUITE 302 City & State HOLLYWOOD, FLORIDA Zip 33021 Country USA	
4. FEI Number 65-0963190		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SARAGOVIA, EFRAIM 3500 N. 55TH AVE. HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
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	MGRM SARAGOVIA, EFRAIM 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Efraim Saragovia</i>		Date: <i>1/9/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <i>954 989 5199</i>	