2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # M0300000301Q 1. Entity Name CAP III FLORIDA, LLC Principal Place of Business Mailing Address 556 COMMERCIAL ST., STE, 300 556 COMMERCIAL ST., STE. 300 SAN FRANCISCO, CA 94111 SAN FRANCISCO, CA 94111 CR2E083 (10/03) 04112005 No Cha-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0218631 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. (NOTE, Registered Agent signature required when remotaling) DATE Signature, typedici printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE FIDELITY CAP III, LLC NAME 556 COMMERCIAL ST., STE. 300 STREET ADDRESS SAN FRANCISCO, CA 94111 CITY ST ZIP nne HAME STREET ADDRESS CITY ST ZIP TITLE LAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE TITLE **LAME** STREET ADDRESS CITY-ST ZIP TITLE KAME STREET ADDRESS CITY ST ZIP NAME

11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

STREET ADDRESS CITY ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

CHIEF FINANCIAL OFFICER