


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000001576 1. Entity Name MOSAIC CAPITAL PARTNERS III, LLC	
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Principal Place of Business 8 GEORGETOWN AVENUE STE. A ROSEMARY BEACH, FL 32461	Mailing Address 8 GEORGETOWN AVENUE STE. A ROSEMARY BEACH, FL 32461
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DO NOT WRITE IN THIS SPACE



03252005No Chg-LLC CR2E083 (10/03)

4. FEI Number 31-1819051	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

ZEITLIN, BRAD
 8 GEORGETOWN AVENUE STE. A
 ROSEMARY BEACH, FL 32461

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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)

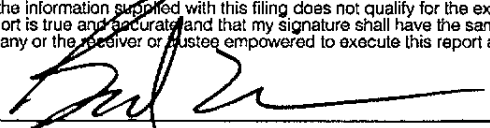
**Filing Fee is \$50.00
 Due by May 1, 2005**

U00000284531
 04/02/05-80009-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BMT CAPITAL, LLC 8 GEORGETOWN AVENUE STE. A ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAPLANTE, JON 8 GEORGETOWN AVENUE STE. A ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRADLEY, STEVE 8 GEORGETOWN AVENUE STE. A ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HICKS, STEVE 8 GEORGETOWN AVENUE STE. A ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

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