

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90237 025 ***150.00

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04062005 Chg-P CR2E034 (10/03)

DOCUMENT # P0000009186					
1. Entity Name LNR 2000 FUND III MM, INC.					
Principal Place of Business 1601 WASHINGTON AVE. SUITE 800 MIAMI BEACH, FL 33139			Mailing Address 1601 WASHINGTON AVE. SUITE 800 MIAMI BEACH, FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0977145	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUBIN, SHELLY 1601 WASHINGTON AVE. SUITE 800 MIAMI BEACH, FL 33139			Name Zena Dickstein		
			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 		Zena Dickstein		4/26/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAIONTZ, STEVEN J		NAME		
STREET ADDRESS	848 BRICKELL AVENUE, #100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STUART A		NAME	Jeffrey P. Krasnoff	
STREET ADDRESS	700 NW 107TH AVE, STE 400		STREET ADDRESS	1601 Washington Ave., #800	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, SHELLY		NAME	Steven N. Bjerke	
STREET ADDRESS	1601 WASHINGTON AVE., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKSTEIN, ZENA		NAME		
STREET ADDRESS	1601 WASHINGTON AVE., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	AC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIEBERMAN, ARTHUR J		NAME		
STREET ADDRESS	1601 WASHINGTON AVE., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	AC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, PAULA J		NAME		
STREET ADDRESS	1601 WASHINGTON AVE, STE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Steven N. Bjerke				4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # (305) 695-5500	