# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000009186

1. Entity Name
LNR 2000 FUND III MM, INC.

FILED
06 JAN 11 PM 4:50
SEC... STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1601 WASHINGTON AVE.<br>SUITE 800<br>MIAMI BEACH, FL 33139 | 1601 WASHINGTON AVE.<br>SUITE 800<br>MIAMI BEACH, FL 33139 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6420 SW Macadam Avenue | 6420 SW Macadam Avenue |
| Suite, Apt. #, etc.: Suite 100 | Suite, Apt. #, etc.: Suite 100 |
| City & State: Portland, OR | City & State: Portland, OR |
| Zip: 97239 Country: USA | Zip: 97239 Country: USA |

#1092006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-0977145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RUBIN, SHELLY<br>1601 WASHINGTON AVE.<br>SUITE 800<br>MIAMI BEACH, FL 33139 | Name: CT Corporation System<br>Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road<br>200064515852<br>01/25/06--01035--010 **8.75<br>City: Plantation FL Zip Code: 33324 |

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: Connie Boyer Second Asst Secy 1/11/06
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, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees 200064515852 01/25/06--01035--009 **150.00

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>KRASNOFF, JEFFREY P<br>1601 WASHINGTON AVE, #800<br>MIAMI BEACH, FL 33139 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C/D<br>Rodney F. Emery<br>6420 SW Macadam Ave., #100<br>Portland, OR 97239 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BJERKE, STEVEN N<br>1601 WASHINGTON AVE., SUITE 800<br>MIAMI BEACH, FL 33139 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>R. Kyle Winning<br>6420 SW Macadam Ave., #100<br>Portland, OR 97239 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DICKSTEIN, ZENA<br>1601 WASHINGTON AVE., SUITE 800<br>MIAMI BEACH, FL 33139 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Christopher M. Hilbert<br>6420 SW Macadam Ave., #100<br>Portland, OR 97239 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AC<br>LIEBERMAN, ARTHUR J<br>1601 WASHINGTON AVE., SUITE 800<br>MIAMI BEACH, FL 33139 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T/D<br>Dinesh Davar<br>6420 SW Macadam Ave., #100<br>Portland, OR 97239 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AC<br>COOK, PAULA J<br>1601 WASHINGTON AVE, STE 800<br>MIAMI BEACH, FL 33139 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S/D<br>Ana Marie del Rio<br>6420 SW Macadam Ave., #100<br>Portland, OR 97239 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 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:** Ana Marie del Rio 949.852.0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #