

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009186

FILED
Apr 27, 2007
Secretary of State

Entity Name: SAH 2000 FUND III MM, INC.

Current Principal Place of Business:

6420 SW MACADAM AVENUE
SUITE 100
PORTLAND, OR 97239

New Principal Place of Business:

Current Mailing Address:

6420 SW MACADAM AVENUE
SUITE 100
PORTLAND, OR 97239

New Mailing Address:

FEI Number: 65-0977145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: EMERY, RODNEY F
Address: 6420 SW MACADAM AVE.,#100
City-St-Zip: PORTLAND, OR 97239

Title: P () Delete
Name: WINNING, R KYLE
Address: 6420 SW MACADAM AVE.,#100
City-St-Zip: PORTLAND, OR 97239

Title: VP () Delete
Name: HILBERT, CHRISTOPHER M
Address: 6420 SW MACADAM AVE.,#100
City-St-Zip: PORTLAND, OR 97239

Title: TD () Delete
Name: DAVAR, DINESH
Address: 6420 SW MACADAM AVE.,#100
City-St-Zip: PORTLAND, OR 97239

Title: SD () Delete
Name: DEL RIO, ANA MARIE
Address: 6420 SW MACADAM AVE.,#100
City-St-Zip: PORTLAND, OR 97239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DINESH DAVAR

CFO

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date