

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013868

FILED
May 01, 2008
Secretary of State

Entity Name: TAMARAC PARK PLAZA III, L.L.C.

Current Principal Place of Business:

7809 W. COMMERCIAL BLVD
TAMARAC, FL 33351

New Principal Place of Business:

8441 W. COMMERCIAL BLVD
TAMARAC, FL 33351

Current Mailing Address:

7809 W. COMMERCIAL BLVD
TAMARAC, FL 33351

New Mailing Address:

8441 W. COMMERCIAL BLVD
TAMARAC, FL 33351

FEI Number: 26-0375247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOBER, GEORGE L
7809 W. COMMERCIAL BLVD
TAMARAC, FL 33351 US

Name and Address of New Registered Agent:

GOBER, GEORGE L
8441 W. COMMERCIAL BLVD
TAMARAC, FL 33351 US

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: _____

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOBER, GEORGE L
Address: 11042 NW 81ST MANOR
City-St-Zip: PARKLAND, FL 33076

Title: MGRM () Delete
Name: GOBER, RUTH H
Address: 11042 NW 81ST MANOR
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic 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: GEORGE L. GOBER

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date