2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #718827**

FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90063 003 ****61.25

1. Entity Name BEVERLY HILLS CONDOMINIUM NUMBER THREE, INC.									04-23-200	, , , , , , , , , , , , , , , , , , , ,	,5 01	
Principal Place of Business 5300 WASHINGTON STREET APT C111 HOLLYWOOD, FL 33021 US			Mailing Address 5300 WASHINGTON STREET APT C111 HOLLYWOOD, FL 33021 US				 	1880 (818) KB/88 (1881)	1881 BIBN BIBN 818		W il i II I II I	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04172007	Chg-NP	CR2E03	37 (12/06)	
City & State			City & State				-	4. FEI Number 59-2380			1	oplied For ot Applicable
Zip	Country Z		Zip	Zip Count			5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							•	7. Name and	Address of Nev	v Registered /	Agent	
C-113 HOLLYWOOD, FL 33021 City Wolf								(P.O. Box Number is Not Acceptable) Washington St. (-3/6) Lehrord FL Zip Code 3302/				
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.								\$5.00 May Be Added to Fees	, E	Make checi lorida Depar		4
10.		OFFICERS AND DIF	RECTORS		11.		/	ADDITIONS/CHA				
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STREET ADDRESS	5300 WASHINGTON ST C-113 HOLLYWOOD, FL 33021			CITY-			634	5300 washington ft. C-012				
CITY-ST-ZIP		OOD, FL 33021	• • • • • • • • • • • • • • • • • • • •		-		MOCE	ywork !	<u>re 330</u>	3-1	Chance	Y Addition
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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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _