



FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A04000000182				Secretary of State	
1. Entity Name GAETA LIMITED LIABILITY LIMITED PARTNERSHIP #3					
Principal Place of Business 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403			Mailing Address 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent GAETA, NEIL J 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
4. FEI Number 02102005 Chg-LP CR2E003 (10/03)					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$4,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L01000014325		STREET ADDRESS		
NAME	GAETA LLC #3		CITY- ST- ZIP		
STREET ADDRESS	3555 NORTHLAKE BLVD.				
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33403				
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
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STREET ADDRESS					
CITY- ST- ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			MANAGING MEMBER BLK#32/21/05 561-627-1900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Day/Mth/Prctc #		