

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A06000000885

1. Entity Name

BROTHERS III HOLDINGS, LLLP



Principal Place of Business

**6131 LYONS ROAD, SUITE 200
COCONUT CREEK FL 33073**

Mailing Address

**6131 LYONS ROAD, SUITE 200
COCONUT CREEK FL 33073**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E003 (10/07)

Zip

Country

Zip

Country

4. FEI Number

20-5279560

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

**ZUCKERMAN, ANDREW
6131 LYONS ROAD, SUITE 200
COCONUT CREEK FL 33073**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 new if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # **L06000071279**
NAME **BROTHERS III MANAGEMENT, LLC**
STREET ADDRESS **6131 LYONS ROAD, SUITE 200**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

STREET ADDRESS

CITY-ST-ZIP

**000000840543
03/06/08-80052-003 500.00**

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CITY-ST-ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Andrew ZUCKERMAN

2/18/08

Date

Phone

STAPLE CHECK HERE