2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001169

1. Entity Name

III T, LTD.

Principal Place of Business	Mailing Address
536 COCONUT ISLE DRIVE FORT LAUDERDALE FL 33301	536 COCONUT ISLE DRIVE FORT LAUDERDALE FL 33301

FILED
01 APR 27 AM 11:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
533 Agua Vista Blvd.	PO Box 30268
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: FT Lauderdale FL	City & State: FT Lauderdale FL
Zip: 33301 Country:	Zip: 33303 Country:

4. FEI Number 65-0760137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DAVID G ESQ.
321 SOUTHEAST 15TH AVENUE
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 13,003,731

10. Amount of Capital Contributions in FLORIDA to date. 13,003,731

11. MAKE CHECKS PAYABLE TO DEPT. OF STATE – SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P97000024967	STREET ADDRESS	
NAME	TARDOT REALTY & INVESTMENTS, INC.		
STREET ADDRESS	321 SOUTHEAST 15TH AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	
NAME			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leslie Turchin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
LESLIE TURCHIN