## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT										FIL	$\sigma$ or $\sim 0$	ATF
DOCUMENT # L00000002040									15 1710	ECRETAR SION OF C	ORPORA	สีก็อัหร
Entity Name     C/MAX CAPITAL - III, LLC									04 MAR 23 PM 3: 06			
							11.5		<i>.</i> 1	. /	/	
Principal Place of Business 515 E. LAS OLAS BLVD., SUITE 110 FT. LAUDERDALE, FL 33301				Mailing Address 515 E. LAS OLAS BLVD., SUITE 110 FT. LAUDERDALE, FL 33301					L/C	14/67/	OX	
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2. Principal Place of Business  3. Mailing Address  1550 SAWGRASS CFT PKJY.  1550 SAWGRASS							ا موس <i>پر</i> ح					
Suite, Apt. #, etc. 2.3.0				Suite, Apt. #, etc. 230				02122004	Chg-LLC	CR2E08	3 (10/03)	
City & State				City & State				4. FEI Numb				pplied For
<u>کی بر ہر ی</u> Zip	Zip Country			SUNRISE,	try		52-222		<b>\$</b>	No 5 <b>5.00</b> Add	ot Applicable	
3332		US 4	of Current E	33323	<u></u>	S A			e of Status Desired		ee Require	d
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name												
WATSON, MARC M 515 E. LAS OLAS BLVD., SUITE 110  KEVIA  Street Address								(P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE, FL 33301 # 2.33								SAWERASS CPT PKWY				
÷						City			<del>-</del>	FL	Zip Code	0 3
			statement for	the purpose of changing	its register		r registere		oth, in the State of Fl			
'a'	tions of region	stereo gent.	<b></b>						_	18/	<b>5</b> 4	
SIGNATURE	Signature, Septe	d or printed name of	registered agent ar	nd title if applicable. (N	OTE: Registere	d Agent signal	ture required w	hen reinstating)		DATE		
Fi	ilina Fee	is \$50.00							. Mal	ke check pa	yable to	,
		y 1, 2004								a Departme		e
9.	7	MANAG	ING MEMBER	RS/MANAGERS	10.				ADDITIONS			
TITLE NAME	MGRM WATSON	N, MARC M		☐ Delete	TITL		MAR	e M. L	(40 27AU		Change .	Addition [
STREET ADDRESS		AS OLAS BL	-	110		ET ADDRESS -ST-ZIP	1550	0 844	GRASS CI		wy A	<b>‡23</b> 0
CITY-ST-ZIP	MGRM	DERDALE, F	L 33301	Delete	TITL		MGR	JEISE ,	FL 3.	3323	- Change	Addition
NAME		N, KEVIN M	VD CUITE		NAM	eet address	KEVI	A M.	WATSON		 	# 020
STREET ADDRESS CITY-ST-ZIP	S 515 E. LAS OLAS BLVD., SUITE 110 ST FT. LAUDERDALE, FL 33301 CI							0 8A NRISË	WERASS	291 5 <u>3323</u>	-76 10 1	
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CITY-ST-ZIP	<del>                                     </del>		<del></del> .	Delete	CITY	'-ST-ZIP	<del> </del>				Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP						
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NAME STREET ADDRESS					NAN Str	eet address						
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11. I hereby	certify that the	he information	supplied with	this filing does not qualify	for the exe	mption sta	ated in Sec	tion 119.07(3	)(i), Florida Statutes.	I further certi	fy that the in	nformation
indicated limited lia	a on this repo	ort is true and any or the rece	accurate and liver or trustee	that my signature shall hat empowered to execute the	ve ine sam nis report a	e legal effe s required	by Chapte	r 608, Florida	iri, mai i am a mana i Statutes.	iyiriy membel	о таладе	siortue
- 18/04 OCU 215/102												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date  D												