

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002040

1. Entity Name  
**C/MAX CAPITAL - III, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 21 PM 4:46

*LR*  
*2/24*

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2221799**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, MARC M**  
515 E. LAS OLAS BLVD., SUITE 110  
FT. LAUDERDALE FL 33301

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGRM WATSON, MARC M**  
STREET ADDRESS **515 E. LAS OLAS BLVD., SUITE 110**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM WATSON, KEVIN M**  
STREET ADDRESS **515 E. LAS OLAS BLVD., SUITE 110**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**900012874259**  
**02/21/03--01009--019 \*\*1302.50**

TITLE  Delete  
NAME  
STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Kevin Watson*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Member*  
**2/14/03**  
Date Daytime Phone #

CR2E083 (10/02)