


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90495 042 ****50.00

DOCUMENT # L00000002097

1. Entity Name
ANTARES CAPITAL PARTNERS III, L.L.C.




Principal Place of Business
**7900 MIAMI LAKES DRIVE WEST
 MIAMI LAKES, FL 33016**

Mailing Address
**7900 MIAMI LAKES DRIVE WEST
 MIAMI LAKES, FL 33016**

24034359

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0984338 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**ANGELL CORPORATE SERVICES, INC.
 ONE NORTH CLEMATIS STREET
 SUITE 400
 WEST PALM BEACH, FL 33401-0000**

7. Name and Address of New Registered Agent
 Name **Antares Capital Corporation**
 Street Address (P.O. Box Number is Not Acceptable)
7900 Miami Lakes Drive West, 3rd Floor
 City **Miami Lakes** FL Zip Code **33016**

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 *R.E. Bolner* **RE Bolner AN ANTARES CAPITAL CORPORATION** DATE **4/2/04**

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

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLINER, RANDALL E 7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KISLAK, JONATHAN I 7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *R.E. Bolner* **R.E. BOLNER** DATE **4/2/04** DAYTIME PHONE # **321-777-4884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #