


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L00000002097 1. Entity Name ANTARES CAPITAL PARTNERS III, L.L.C. |  |
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|---|---|
| Principal Place of Business 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016 | Mailing Address 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016 |
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DO NOT WRITE IN THIS SPACE



02082005No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 65-0984338 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

ANTARES CAPITAL CORPORATION
7900 MIAMI LAKES DR WEST, 3RD FLOOR
MIAMI LAKES, FL 33016

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IN THIS SPACE**

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)

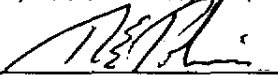
**Filing Fee is \$50.00
Due by May 1, 2005**

U000000277492
03/26/05 80031-019 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM POLINER, RANDALL E 7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KISLAK, JONATHAN I 7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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. POLINER 3/23/05 321-777-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #