## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 24, 2006 08:00 AN Secretary of State

DOCU	MENT	# L(	0000	00020	197

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



## DO NOT WRITE IN THIS SPACE

04212006 No Chg-LLC CR

CR2E083 (11/05)

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

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

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registers	ed agent, or both, in the State o	f Florida, I am familia	ar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required	<u></u>	DATE	
Fi D:	iling Fee is \$50.00 ue by May 1, 2006		A STATE OF THE STA	÷	
9.	MANAGING MEMBERS/MANAGERS		<del></del>		+ \$1 7 <u></u>
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TIFLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KISLAK, JONATHAN I 7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016	·			
TITLE NAME STREET ADDRESS CITY+SY-ZIP			DO NOT	WRITE	-
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS S	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	·	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/2/10

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Davtime Phone #