

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90013 043 ****50.00

DOCUMENT # L00000004506

1. Entity Name

PARKLAND LAND DEVELOPMENT NO. III, LLC



Principal Place of Business

**2500 WESTON ROAD, SUITE 105
WESTON FL 33331**

Mailing Address

**2500 WESTON ROAD, SUITE 105
WESTON FL 33331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0990386**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEFELER, GEORGE ESQ.
701 BRICKELL AVENUE, SUITE 2000
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **MGR** Delete
NAME **BRICENO, DOUGLAS**
STREET ADDRESS **2500 WESTON ROAD, SUITE 105**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **MGR** Change Addition
NAME **MENDOZA, HUMBERTO**
STREET ADDRESS **2800 WESTON RD., STE. 204**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **MGR** Delete
NAME **BERNAL, LUCIO**
STREET ADDRESS **104 DOCKSIDE CIR**
CITY-ST-ZIP **WESTON FL 33327**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **HERNANDEZ, MARIO**
STREET ADDRESS **2927 WESTBROOK**
CITY-ST-ZIP **WESTON FL 33332**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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: **SIGNATURE REQUIRED**

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

03-03-03

Date

954-349 4751

Daytime Phone #

CR2E083 (10/02)