## 2001 UNIFORM BUSINESS REPORT (UBR

200	I OMIFORM DO	SINESS REPO		lopul		•	;		
DOCUMENT # L0000007896  1. Entity Name DMCMAG III, LLC						FILED			
		•				OLAPR-9 AM	7: 48		
Principal Place of Business  6303 BLUE LAGOON DRIVE. SUITE 380  MiAMI FL 33126  MIAMI FL 33126				E. SUITE 380		SECRETARY OF TALLAHASSEE, F	STATE LORIDA		
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Principal Place of Business     3. Mailing Address					-			T (8/18 TA) (T)	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State City & State					A EEL	Number	•	pplied For	
						65-1021017	N	lot Applicable	
	Country	Žip -	Coun	<u>.</u>		ificate of Status Desired	Fee Hequire		
	6. Name and Address of Currer	nt Registered Agent		Name	7. Nam	ne and Address of New Registe	ered Agent		
ANANIA, FRANCIS A 100 S.E. 2ND STREET, SUITE 4300 MIAMI FL 33131-2144				Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
B. The above	e named entity submits this statement	for the purpose of changing its re	egistere	ed office or register	red agent,	or both, in the State of Florida.	<u> </u>		
SIGNATURE									
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered	Agent signature required	when reinstat	ing) D	ATE		
		FILE NO Make Check Pay		EE IS \$50.00 Department of	of State		09122 01005 00 *****	-001	
9. TITLE	MANAGING MEM PRESIDENT	BERS/MEMBERS  Delete	10. TITLE			ADDITIONS/CHAN	VGES ☐ Change	☐ Addition	
NAME Street address City-St-Zip	GOLDBERG, MICHAE 6303 BLUE LAGOON MIAMI, FL 33126	CL A.	NAME STREE				ondingo		
TITLE NAME STREET ADDRESS	VICE PRESIDENT CLARK, DAVE M 6303 BLUE LAGOON	Delete	TITLE NAME STREE				☐ Change	☐ Addition	
CITY-ST-ZIP	MIAMI, EL 33126		<b></b>	ST-ZIP	•	•			
TITLE NAME	-	LJ Delete	TITLE		<del>میجند</del> د. ه		Change	Addition	
TREET ADDRESS				T ADDRESS ST-ZIP					
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CITY-ST-ZIP TITLE		☐ Delete	CITY-	ST-ZIP			☐ Change	☐ Addition	
IAME Street address City-St-Zip			NAME STREE CITY-1	T ADDRESS					
ITLE IAME		Delete	TITLE NAME		,		☐ Change	☐ Addition	
TREET ADDRESS			STREET CITY-S						
indicated limited lia	certify that the information supplied will lon this report is true and accurate and ability company or the receiver of truste	th this filling does not qualify for the displicit my signature shall have the effective this rependent to execute this rependent to the control of the cont	he exem e same port as i	nption stated in Se legal effect as if m required by Chapt	ction 119.( nade under er 608. Flo	07(3)(i), Florida Statutes. I furthe r oath; that I am a managing me rida Statutes.	r certify that the in Imber or manage	nformation r of the	
SIGNAT	TURE: SICNA					,	·		
	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER MANAG	GER, OR A	UTHORIZED REPRESEI	NTATIVE	Date	Daytime Phone #		