2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 10, 2005 8:00 am **Secretary of State** DOCUMENT # L01000018871 1. Entity Name 03-10-2005 90039 046 ****50.00 LIFE AMERICA III, L.L.C. Principal Place of Business Mailing Address 1930 HARRISON STREET, STE 202 1930 HARRISON STREET, STE 202 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State Applied For City & State 4. FEI Number 65-1156182 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAMBURD DANIEL GAMANRD, DANIEL Street Address (P.O. Box Number is Not Acceptable) 1930 HARRISON STREET, STE 202 HACKISON STREET HOLLYWOOD FL 33020 City HO 114WOOD 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, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITLE GAMBURD, HOLDING NAME NAME SIRFEL ADDRESS 1543 PRESIDENTIAL WAY STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 CITY-ST-ZIP MGD ☐ Change Addition TITLE MGRM Delete Ernesto FROST NAME FROST, ERNESTO NAME 1930 HARRISON STREET, SWIK 202 STREET ADDRESS 1930 HARRISON STREET, STE 202 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-7IP Hollywood, fl 33020 ☐ Change **▼** Addition TITLE Z-Delete TITLE CARLOS Fernando Frost NAMÉ NAME FERNANDO, CARLOS 1930 HACCISON STREET, SWIE 202 STREET ADDRESS STREET ADDRESS 1930 HARRISON STREET, STE 202 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 HOLLY WOOD, \$1 33020 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7IP ☐ Delete TITEF ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition THILE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP 11. I hereby certify that the information supplied with this filling 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 frue 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 eceiver or fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED