2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000003559

1. Entity Name

HARRIS FAMILY III L.L.C.

Principal Place of Business

cipal Place of Business Mailing Add

10800 BISCAYNE BOULEVARD, 10TH FLOOR MIAMI, FL 33161

Mailing Address

10800 BISCAYNE BOULEVARD, 10TH FLOOR MIAMI, FL 33161

FILED Feb 03, 2004 08:00 AM Secretary of State



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0658246 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CYPEN, STEPHEN H 825 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140

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	named entity submits this statement for the purpose of chains of registered agent.	inging its registered office or registered agent, or both	, in the State of Flor	ida, I am familia	r with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and fille if applicable	(NOTE, Registored Agent signature required when reinstating)		DATE	
F	iling Fee is \$50.00 ue by May 1, 2004	· · · · · · · · · · · · · · · · · · ·	U0000 02/05/04	0034259 1-80077-0	01 50.00
9.	MANĀĢING MEMBERS/MANAGERS		·		• • • • • • • • • • • • • • • • • • • •
TITLE	MGRM			•	
NAME	HARRIS, MEL				
STREET ADDRESS	10800 BISCAYNE BOULEVARD, 10TH FLOOR				

MIAMI, FL 33161 CETY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS CATY - ST - ZIP 7177 8 NAME STREET ADDRESS

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11. I hereby certify that the information supplied with this filling does not quality 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 808, Florida Statutes.

SIGNATURE:

JRE: Maning man syped or printed name of signing managing member, or authorized representative

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2/2/01

305 199-0404

Daytime Phone 4