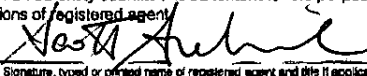
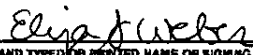


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90075 003 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000010806 1. Entity Name SREBNICK MANAGEMENT THREE, LLC			
Principal Place of Business 1110 BRICKELL AVENUE 7TH FL MIAMI, FL 33131		Mailing Address 1110 BRICKELL AVENUE 7TH FL MIAMI, FL 33131	
2. Principal Place of Business 2400 SO. DIXIE HIGHWAY #200 Suite, Apt. #, etc. #200 City & State MIAMI, FL Zip 33133		3. Mailing Address 2400 SO. DIXIE HIGHWAY #200 Suite, Apt. #, etc. #200 City & State MIAMI, FL Zip 33133	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOM, KENNETH M 1410 BRICKELL AVENUE 7TH FL MIAMI, FL 33131		7. Name and Address of New Registered Agent Name SCOTT A. SREBNICK Street Address (P.O. Box Number is Not Acceptable) 2400 SO. DIXIE HIGHWAY #200 City MIAMI	
State FL		Zip Code 33133	
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 		DATE 4/23/04	
Filing Fee is \$50.00 Due by May 1, 2004		(NOTE: Registered Agent signature required when reinstating)	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME SREBNICK WEBER, ELIZA	TITLE Change	NAME 40 EAST 89 ST., # 14D
STREET ADDRESS 3005 JACKSON STREET	CITY-ST-ZIP SAN FRANCISCO, CA 94116	STREET ADDRESS NEW YORK, NY 10128	CITY-ST-ZIP NEW YORK, NY 10128
CITY-ST-ZIP SAN FRANCISCO, CA 94116	CITY-ST-ZIP SAN FRANCISCO, CA 94116	CITY-ST-ZIP NEW YORK, NY 10128	CITY-ST-ZIP NEW YORK, NY 10128
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP
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CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP 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: 		DATE: 4/23/04	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DAYTIME PHONE # 415-531-0311	