

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90086 001 ***550.00

DOCUMENT # L02000017801



1. Entity Name
FIRST FLORIDA HOLDING AND COMAPNY III, LLC

Principal Place of Business Mailing Address
 1600 15TH STREET PLAZA 15, NO. 310 1600 15TH STREET PLAZA 15, NO. 310
 FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316

34000388



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
APPLIED FOR Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PALMISANO, MICHAEL
 1600 15TH STREET PLAZA 15, NO. 310
 FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIELDER PROPERTY, INC. 410 WYE EAST LANE QUEENSTOWN, MD 21658	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL PALMISANO 1600 15th Street, Plaza 15, No. 310 Ft. Lauderdale, FL 33316	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael Palmisano 2/9/04 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #