


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 FEB 20 AM 10:08

<b>DOCUMENT # L02000028968</b> 1. Entity Name <b>P.E. INVESTMENTS III, LLC</b>			
Principal Place of Business <b>1911 HARRISON STREET HOLLYWOOD, FL 33020</b>		Mailing Address <b>1911 HARRISON STREET HOLLYWOOD, FL 33020</b>	
2. Principal Place of Business <b>2999 NE 191st Street</b>		3. Mailing Address <b>2999 NE 191st Street</b>	
Suite, Apt. #, etc. <b>PH-8</b>		Suite, Apt. #, etc. <b>PH-8</b>	
City & State <b>AVENTURA, FL</b>		City & State <b>AVENTURA, FL</b>	
Zip <b>33180</b>		Zip <b>33180</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>GRISALES-RACINI, OSCAR 1911 HARRISON STREET HOLLYWOOD, FL 33020</b>		7. Name and Address of New Registered Agent Name <b>GRISALES-RACINI, OSCAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2999 NE 191st Street</b> Suite, Apt. #, etc. <b>PH-8</b> City <b>AVENTURA</b>	
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.		4. FEI Number <b>01312006</b> Chg-LLC CR2E083 (11/05) 50-00 <b>56-2342423</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>2/2/06</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGRM</b> <input checked="" type="checkbox"/> Delete NAME <b>PERCHIK, ELIAS</b> STREET ADDRESS <b>1911 HARRISON STREET</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33020</b>	TITLE <b>MGR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>PERCHIK, ELIAS</b> STREET ADDRESS <b>2999 NE 191st Street PH-8</b> CITY-ST-ZIP <b>AVENTURA, FL 33180</b>	600066829536 02/28/06--01050--005 **661.25	
TITLE <b>MGR</b> <input checked="" type="checkbox"/> Delete NAME <b>PERCHIK, DARIO</b> STREET ADDRESS <b>1911 HARRISON STREET</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33020</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>MGR</b> <input checked="" type="checkbox"/> Delete NAME <b>PERCHIK, GUSTANO</b> STREET ADDRESS <b>1911 HARRISON STREET</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33020</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>MGR</b> <input checked="" type="checkbox"/> Delete NAME <b>GAMBURD, BEATRIZ</b> STREET ADDRESS <b>1911 HARRISON STREET</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33020</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <b>2/2/06</b> 305/782/4911 <small>Daytime Phone #</small>	