


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000028968</b> 1. Entity Name P.E. INVESTMENTS III, LLC	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 07 FEB -6 AM 9:59

Principal Place of Business 2999 NE 191ST STREET PH-8 AVENTURA, FL 33180	Mailing Address 2999 NE 191ST STREET PH-8 AVENTURA, FL 33180
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01242007No Chg-LLC      CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2342423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	


6. Name and Address of Current Registered Agent  GRISALES-RACINI, OSCAR 2999 NE 191ST STREET PH-8 AVENTURA, FL 33180	DO NOT WRITE IN THIS SPACE
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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, 2007**


9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	PERCHIK, ELIAS
STREET ADDRESS	2999 NE 191ST STREET PH-8
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	



DO NOT WRITE  
IN THIS SPACE

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 02/08/07--01041--015 \*\*1000.00

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:       1/30/07 (305) 797-4911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #