


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90029 006 ****50.00

DOCUMENT # L02000028968

1. Entity Name
P.E. INVESTMENTS III, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>12550 Biscayne Blvd.</u>		3. Mailing Address <u>12550 Biscayne Blvd</u>	
Suite, Apt. #, etc. <u>405</u>		Suite, Apt. #, etc. <u>405</u>	
City & State <u>North Miami, FL</u>		City & State <u>North Miami, FL</u>	
Zip <u>33181</u>	Country <u>USA</u>	Zip <u>33181</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name <u>OSCAR GRISALES BAGINI, Esq.</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>12550 Biscayne Blvd</u>		
	Suite <u>405</u>		
City <u>North Miami</u>		FL	Zip Code <u>33181</u>

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 [Signature] DATE 03/11/2003

Signature, typed or printed name of registered agent and title, if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM. PERCHIK, ELIAS 12550 Biscayne Blvd # 405 North Miami, FL 33181.</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: [Signature] ELIAS PERCHIK DATE: 03/11/2003 (305) 895 1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)