2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT				May 03, 2005 08:00	
DOCU 1. Entity Nar MMR III,		159 —		Secretary of State	
1601 BELVI	ce of Business EDERE ROAD, SUITE 407 SOUTH BEACH, FL 33406	Mailing Address 1601 BELVEDERE ROAD, SUITI WEST PALM BEACH, FL 33406			
DO NOT WRITE IN THIS SPACE				04212005No Chg-LLC CR2E083 (10/03) 4. FEI Number	
	<u></u>	ر المراجع الم		5. Certificate of Status Desired S5.00 Additional Fee Required	
MAPES, PAUL 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406				DO NOT WRITE IN THIS SPACE	
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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) CATE Filling Fee is \$50.00 Due by May 1, 2005					
9.	MANAGING MEMBER	29/MANIAGEDS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METZ, JOHN 1601 BELVEDERE ROAD, SUITE WEST PALM BEACH, FL 33406			U00000359027 05/04/05-80137-014 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME					

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: HAW TO ARTS TE IN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE