## **2006 LIMITED LIABILITY COMPANY**

## Apr 27, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000002159** 04-27-2006 90020 023 \*\*\*\*50 00 1. Entity Name MMR III, LLC Principal Place of Business Mailing Address MAAAAAA 1601 BELVEDERE ROAD, SUITE 407 SOUTH 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 04202006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3110911 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAPES, PAUL DO NOT WRITE 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406 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 sonlicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE METZ, JOHN NAME STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 407 SOUTH CITY-ST-ZIP WEST PALM BEACH, FL 33406

## DO NOT WRITE IN THIS SPACE

**FILED** 

11	<ol> <li>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</li> </ol>
	indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the
	limited liability company or the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

CITY-ST-ZIP

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

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