2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Apr 20, 2004 8:00 am Secretary of State 04-20-2004 90186 030 ****50.00 DOCUMENT # L03000004452 1. Entity Name DEBFIT III, L.L.C. 44032321 Principal Place of Business Mailing Address 5125 SUFFOLK DRIVE 5125 SUFFOLK DRIVE BOCA RATON, FL 33496 BOCA RATON, FL 33496 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 02-067<u>277</u>0 Not Applicable Zip Country Country Zíp \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALLINGER, MARTIN R Street Address (P.O. Box Number is Not Acceptable) 980 NORTH FEDERAL HIGHWAY, SUITE 302 BOCA RATON, FL 33432 Zip Code 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 furthe obligations of registered agent. . . 29 de 1 - 6. 7 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 2111), 29A-22 % Filing Fee is \$50.00 26551 20:65 Due by May 1, 2004 Make check payable to 1 3140 31 Florida Department of State 4,0 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Change ■ Addition TIFLE -☐ Delete TITLE STEIN, DEBORAH G NAME NAME STREET ADDRESS STREET ADDRESS 5125 SUFFOLK DRIVE CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP ☐ Delete TITLE Change Addition TİTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z!P CITY-SI-ZIP Delete TITLE TITLE NAME 51 NAMEVIATURE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (4/2) TRANSFE A SEA 11. Thereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NTED NAME OF SIGNING MANTA

FILED

Daytime Phone #