## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L03000008805** 06-30-2006 90059 018 \*\*\*\*50.00 1.1-Entity Name III T NAPLES, LLC Mailing Address Principal Place of Business 2021206 1 FINANCIAL PLAZA, SUITE 2001 1 FINANCIAL PLAZA, SUITE 2001 FORT LAUDERDALE, FL 33394 FORT LAUDERDALE, FL 33394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06052006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number 56-2326370 Not Applicable Zip Country Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURRAY, DAVID G Street Address (P.O. Box Number is Not Acceptable) 1401 EAST BROWARD BLVD., SUITE 200 FORT LAUDERDALE, FL 33301 City 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 the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10, 9. MGRM Change ☐ Addition TITLE ☐ Delete TITLE Managing Members NAME TURCHIN, LESLIE S NAME Michael Hecht & Jeffrey Klausner STREET ADDRESS 1 FINANCIAL PLAZA, SUITE 2001 STREET ADDRESS Co-Trustees of the Leslie S. Turchin CITY-ST-ZIP FORT LAUDERDALE, FL 33394 CITY-ST-ZIP Trust dated September 16, 2003 □ Change ☐ Addition TILE ☐ Delete TITLE c/o Hecht and Company, P.C. NAME NAME 111 W. 40th Street, 20th Floor STREET ADDRESS STREET ADDRESS NY, NY 10018 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 repeived or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE

FILED Jun 30, 2006 8:00 am

Daytime Phone #