




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State

06-30-2006 90059 017 ****50.00

DOCUMENT # L03000013579 1. Entity Name III T GRIFFIN, LLC					
Principal Place of Business 1 FINANCIAL PLAZA, STE. 2001 FT LAUDERDALE, FL 33394			Mailing Address 1 FINANCIAL PLAZA, STE. 2001 FT LAUDERDALE, FL 33394		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0516926	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, DAVID G 1401 EAST BROWARD BLVD., STE. 200 FT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TURCHIN, LESLIE S 1 FINANCIAL PLAZA %DBR ASSET MGMT, INC FT LAUDERDALE, FL 33394		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Members Michael Hecht & Jeffrey Klausner Co-Trustees of the Leslie S. Turchin Trust dated September 16, 2003 c/o Hecht and Company, P.C. 111 W. 40 th Street, 20 th Floor NY, NY 10018	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. 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 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:   6/14/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					