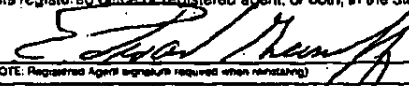
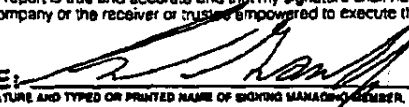


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

04-19-2004 90038 018 ****55.00

DOCUMENT # L03000016481					
1. Entity Name TAG III, LLC					
Principal Place of Business 13000 SW 120TH ST. MIAMI FL 33186			Mailing Address 13000 SW 120TH ST. MIAMI FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 87-0725240	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLISTON, TODD W 8211 WEST BROWARD BLVD., STE. 375 PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Edward Granoff Street Address (P.O. Box Number is Not Acceptable) 13000 SW 120 St City Miami FL Zip Code 33186	
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 EDWARD GRANOFF  DATE _____ (Signature, typed or printed name of registered agent and date is acceptable. (NOTE: Registered Agent signature required when reinstating))					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE MANAGER	Edward Granoff ☐ Delete		10. ADDITIONS/CHANGES ☐ Change ☐ Addition		
NAME MANAGER	13000 SW 120 St		TITLE		
STREET ADDRESS	Miami FL 33186		NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE MANAGER	Rose Perrin ☐ Delete		TITLE		
NAME MANAGER	13000 SW 120 St		NAME		
STREET ADDRESS	Miami FL 33186		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE MANAGER	Chad Granoff ☐ Delete		TITLE		
NAME MANAGER	13000 SW 120 St		NAME		
STREET ADDRESS	Miami FL 33186		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE  DATE _____ DAYTIME PHONE # _____ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)					