




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90296 023 ****50.00

DOCUMENT # L03000017194					
1. Entity Name MIH III LLC					
Principal Place of Business 755 ISLAND WAY CLEARWATER, FL 33767			Mailing Address 755 ISLAND WAY CLEARWATER, FL 33767		
2. Principal Place of Business 132 Tenth Avenue N			3. Mailing Address		
Suite, Apt. #, etc. Suite 103			Suite, Apt. #, etc.		
City & State Safety Harbor FL			City & State		
Zip 34695	Country USA	Zip	Country	4. FEI Number 01-0782403	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEON, ANTHONY 16 DODECANESE BLVD TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name Frank Manella Street Address (P.O. Box Number is Not Acceptable) 132 Tenth Avenue North Suite 103 City Safety Harbor FL Zip Code 34695		
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  DATE 02/26/04 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Frank Manella 132 Tenth Avenue North Suite 103 Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 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: 			02/26/04 727-724-3989		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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02102004 Chg-LLC CR2E083 (10/03)