

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017641

FILED
Apr 21, 2005
Secretary of State

Entity Name: G & T DEVELOPERS III, LLC

Current Principal Place of Business:

2200 S. DIXIE HWY., STE. 702
MIAMI, FL 33133

New Principal Place of Business:

1728 CORAL WAY
MIAMI, FL 33145 US

Current Mailing Address:

2200 S. DIXIE HWY., STE. 702
MIAMI, FL 33133

New Mailing Address:

1728 CORAL WAY
MIAMI, FL 33145 US

FEI Number: 32-0077536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCAACCOUNTING & BUSINESS SOLUTIONS INC.
3785 NW 82 AVE, STE 109
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GONZALEZ, RODOLFO
Address: 2200 S. DIXIE HWY., STE. 702
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: TARRAU, GABRIEL
Address: 2200 S. DIXIE HWY., STE. 702
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, RODOLFO MGRM
Address: 1728 CORAL WAY
City-St-Zip: MIAMI, FL 33145 US

Title: MGRM (X) Change () Addition
Name: JOCH, FRED MGRM
Address: 1728 CORAL WAY
City-St-Zip: MIAMI, FL 33145 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RODOLFO GONZALEZ

MGRM

04/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date