


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90003 032 \*\*\*\*50.00

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<b>DOCUMENT # L03000023244</b>			
1. Entity Name DP MCNAB III, LLC			
Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 301 CORAL SPRINGS, FL 33071		Mailing Address P.O. BOX 266366 FORT LAUDERDALE, FL 33326-6366	
2. Principal Place of Business 2853 EXECUTIVE PARK DRIVE		3. Mailing Address P.O. BOX 266366	
Suite, Apt. #, etc. SUITE 202		Suite, Apt. #, etc.	
City & State WESTON, FLORIDA		City & State WESTON, FLORIDA	
Zip 33331	Country US	Zip 33326	Country US
8. Name and Address of Current Registered Agent  HUME, JOHN 1401 UNIVERSITY DRIVE, SUITE 301 HUME & JOHNSON, P.A. CORAL SPRINGS, FL 33071		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 <i>Andres A Finol</i> DATE 2/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINOL, ANDRES A 1401 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Finol, Andres A 2853 Executive Park. Dr. St202 Weston, FL 33331 <input checked="" type="checkbox"/> Change <input 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
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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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
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: <i>Andres A Finol</i>		2/27/06 (954) 2178680	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	