


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000026812 1. Entity Name III T GREENACRES, LLC	
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Principal Place of Business 1 FINANCIAL PLAZA, SUITE 2001 C/O DBR ASSET MANAGEMENT, LLC FORT LAUDERDALE, FL 33394	Mailing Address 1 FINANCIAL PLAZA, SUITE 2001 C/O DBR ASSET MANAGEMENT, LLC FORT LAUDERDALE, FL 33394
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01172007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-0067956	Applied For Not Applicable
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., SUITE 200 FORT LAUDERDALE, FL 33301
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**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KLAUSNER, JEFFREY TRUSTEE 1 FINANCIAL PLAZA, SUITE 2001 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HECHT, MICHAEL TRUSTEE 111 W. 40TH STREET, 20TH FLOOR NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/29/07-80019-016 50.00

**DO NOT WRITE  
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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: Michael Hecht 1-19-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #