2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

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Entity Name: MYSTIC FOREST INVESTMENTS III, L.L.C.

Current Principal Place of Business:

9240 S.W. 72 ST., STE. 216
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9240 S.W. 72 ST., STE. 216
MIAMI, FL 33173

New Mailing Address:

FEI Number: 56-2385839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS G. SHERMAN, ESQ, P.A.
218 ALMERIA AVE.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

THOMAS G. SHERMAN, ESQ, P.A.
90 ALMERIA AVE.
CORAL GABLES, FL 33134 US

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: 01/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MARANT, INC.,
Address: 9240 S.W. 72 ST., STE. 216
City-St-Zip: MIAMI, FL 33173

Title: OFC ( ) Delete
Name: SARMIENTO, ANTONIO A
Address: 9240 SW 72 ST STE 216
City-St-Zip: MIAMI, FL 33173

Title: OFC ( ) Delete
Name: COBAS, MARIO
Address: 9240 SW 72ND STREET STE 216
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANTONIO A SARMIENTO MGR 01/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date