


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037595 <small>1. Entity Name</small> THE CENTERPOINT GROUP III, LLC	
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<small>Principal Place of Business</small> 7510 BEACHVIEW DRIVE NORTH BAY VILLAGE FL 33141	<small>Mailing Address</small> 7510 BEACHVIEW DRIVE NORTH BAY VILLAGE FL 33141
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2. Principal Place of Business <small>Suite, Apt. #, etc.</small> <small>City & State</small> <small>Zip</small>	3. Mailing Address <small>Suite, Apt. #, etc.</small> <small>City & State</small> <small>Zip</small>
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1st MOORE CR2E083 (10/05)

4. FEI Number 01-0801315	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KNATTONGCOME, SIRIPHAN
7510 BEACH VIEW DRIVE
NORTH BAY VILLAGE FL 33141**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City _____ **FL** Zip Code _____

6. 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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

U00000499027
04/24/06-80015-002 50.00

9. MANAGING MEMBERS / MANAGERS

<small>TITLE</small>	MGRM <input type="checkbox"/> Delete
<small>NAME</small>	KNATTONGCOME, SIRIPHAN
<small>STREET ADDRESS</small>	7510 BEACH VIEW DRIVE
<small>CITY-ST-ZIP</small>	NORTH BAY VILLAGE FL 33141
<small>TITLE</small>	MGRM <input type="checkbox"/> Delete
<small>NAME</small>	NETHONGKOME, YOUNGYUTH
<small>STREET ADDRESS</small>	7510 BEACH VIEW DRIVE
<small>CITY-ST-ZIP</small>	NORTH BAY VILLAGE FL 33141
<small>TITLE</small>	<input type="checkbox"/> Delete
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	

10. ADDITIONS / CHANGES

<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: S. Knattongcome - (SIRIPHAN KNATTONGCOME) 4/01/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #