

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000038018

1. Entity Name
COMMODORE INVESTMENTS III, LLC



Principal Place of Business
2520 SW 28 LANE
MIAMI, FL 33133-3133

Mailing Address
2520 SW 28 LANE
MIAMI, FL 33133-3133



02102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0850966

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUM, SAMUEL SPENCER ESQ
2666 TIGERTAIL AVE., STE. 106
COCONUT GROVE, FL 33133

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000292570
04/07/05-80078-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LEATON, DENNIS J
2520 SW 28 LANE
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

X 4/4/05

Date

X 305-285-1330

Daytime Phone #