2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Mar 06, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

02122008No Chg-LLC

CR2E083 (12/07)

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

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and tille il applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS	The state of the s		* - , * ;
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEATON, DENNIS J 2520 SW 28 LANE MIAMI, FL 33133	See -	000000849651 03/21/08-80027-023	138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			And the second seco	
TITLE				

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

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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP

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

7/3/08

301-205-133

Daytime Phone #