


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000015863					
1. Entity Name <b>CIMAX VERTICAL III, LLC</b>					
Principal Place of Business <b>C/O ROSENTHAL ROSENTHAL RASCO          2875 NE 191ST STREET, SUITE 500          AVENTURA, FL 33180 US</b>			Mailing Address <b>C/O ROSENTHAL ROSENTHAL RASCO          2875 NE 191ST STREET, SUITE 500          AVENTURA, FL 33180 US</b>		
2. Principal Place of Business <b>3169 N.E. 163rd Street</b>		3. Mailing Address <b>2665 S. Bayshore Drive</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Suite 703</b>			
City & State <b>N. Miami Beach, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>20-2530399</b>	
Zip <b>33160</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RASCO, EDUARDO I          2875 NE 191ST STREET          SUITE 500          AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name <b>World Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2665 S. Bayshore Drive, #703</b> City <b>Miami</b> <b>FL</b> <b>33133</b>		
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 <u><i>Timothy D. Richards</i></u> <b>Timothy D. Richards, President 4/29/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGR <b>Moreita, Pedro</b> <b>3169 N.E. 163rd Street</b> <b>N. Miami Beach, FL 33160</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGR <b>Dos Santos Martins, Madalena</b> <b>3169 N.E. 163rd Street</b> <b>N. Miami Beach, FL 33160</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			100054529571 05/13/05--01066--017 **982.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Pedro Moreita</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/29/05 (305) 948-3366		

FILED  
05 MAY -4 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

