

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90026 042 ****50.00

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04212005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000028414 1. Entity Name CAPITAL EQUITY SERVICES III, L.L.C.					
Principal Place of Business 13190 STIRLING ROAD SOUTH WEST RANCHES, FL 33330			Mailing Address 13190 STIRLING ROAD SOUTH WEST RANCHES, FL 33330		
2. Principal Place of Business 6466 NW 5th Way <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6466 NW 5th Way <small>Suite, Apt. #, etc.</small>		4. FEI Number 20-0090309 Applied For <input type="checkbox"/> Not Applicable	
City & State Ft. Lauderdale		City & State Ft. Lauderdale			
Zip 33309		Zip 33309			
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAL INFORMATION SERVICES, INC. 2500 WESTON ROAD STE. 404 WESTON, FL 33331				7. Name and Address of New Registered Agent Name John Passariello Street Address (P.O. Box Number is Not Acceptable) 6466 NW 5th Way City Ft. Lauderdale FL Zip Code 33309	
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 4/22/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPITAL EQUITY SERVICES MANAGEMENT III, INC 13190 STIRLING ROAD SOUTH WEST RANCHES, FL 33330			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<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: MGA member 4/22/05 954-776-1444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					