

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028414

FILED
Mar 04, 2007
Secretary of State

Entity Name: CAPITAL EQUITY SERVICES III, L.L.C.

Current Principal Place of Business:

6466 NW 5TH WAY
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

2953 W CYPRESS CREEK RD.
SUITE 101
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6466 NW 5TH WAY
FORT LAUDERDALE, FL 33309

New Mailing Address:

2953 W CYPRESS CREEK RD
SUITE 101
FORT LAUDERDALE, FL 33309

FEI Number: 20-0090309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASSARIELLO, JOHN
6466 NW 5TH WAY
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

PASSARIELLO, JOHN
2953 W CYPRESS CREEK RD
SUITE 101
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: JOHN PASSARIELLO

03/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAPITAL EQUITY SERVI, CES MANAGEMENT III, INC
Address: 6466 N W 5 TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAPITAL EQUITY SERVI, CES MANAGEMENT III, INC
Address: 2953 W CYPRESS CREEK RD SUITE 101
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN PASSARIELLO

MGR

03/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date