





2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000030160		
1. Entity Name III T VICTORIA PARK, LLC		
Principal Place of Business C/O DBR ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA STE. 2001 FORT LAUDERDALE, FL 33394		Mailing Address C/O DBR ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA STE. 2001 FORT LAUDERDALE, FL 33394
DO NOT WRITE IN THIS SPACE		
		 01172007No Chg-LLC CR2E083 (11/05)
4. FEI Number 20-1041998		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
MURRAY, DAVID G 1401 EAST BROWARD BLVD STE. 200 FORT LAUDERDALE, FL 33301		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECHT, MICHAEL TRUSTEE 111 W 40TH STREET 20TH FLOOR NEW YORK, NY 10018	 U000000603583 01/29/07-80019-015 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLAUSNER, JEFFREY TRUSTEE 111 W 40TH STREET 20TH FLOOR NEW YORK, NY 10018	
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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 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		Date <u>1-19-07</u> Daytime Phone # _____