2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 12, 2006
Secretary of State

DOCUMENT# L04000046688

Entity Name: TME MULTI-FAMILY III, LLC

Current Principal Place of Business:

ATTN: TIMOTHY HOY
12100 W. OLYMPIC BLVD., SUITE 400
LOS ANGELES, CA 90064

New Principal Place of Business:

WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY)
12100 W. OLYMPIC BLVD., SUITE 400
LOS ANGELES, CA 90064

Current Mailing Address:

ATTN: TIMOTHY HOY
12100 W. OLYMPIC BLVD., SUITE 400
LOS ANGELES, CA 90064

New Mailing Address:

WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY)
12100 W. OLYMPIC BLVD., SUITE 400
LOS ANGELES, CA 90064

FEI Number: 20-1282990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE., STE. 1000 (MRH)
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GRABO, ELISSA MANAGER
Address: 12100 W. OLYMPIC BLVD., SUITE 400
City-St-Zip: LOS ANGELES, CA 90064

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GRABOW, ELISSA MANAGER
Address: 12100 W. OLYMPIC BLVD., SUITE 400
City-St-Zip: LOS ANGELES, CA 90064

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: ELISSA GRABOW MGR 05/12/2006

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