

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT\*

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

DOCUMENT # L04000053508

1. Entity Name

III T CHARLOTTE HUNTERS CROSSING, LLC



Principal Place of Business

1 FINANACIAL PLAZA, SUITE 2001  
C/O DBR ASSET MANAGEMENT, LLC  
FT. LAUDERDALE, FL 33394

Mailing Address

1 FINANACIAL PLAZA, SUITE 2001  
C/O DBR ASSET MANAGEMENT, LLC  
FT. LAUDERDALE, FL 33394



01172007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1511620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DAVID G  
1401 EAST BROWARD BLVD.  
SUITE 200  
FT. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME LESLIE S. TURCHIN LIMITED PARTNERSHIP  
STREET ADDRESS 1 FINANACIAL PLAZA, SUITE 2001  
CITY- ST- ZIP FT. LAUDERDALE, FL 33394

TITLE  
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01/29/07-80019-007 50.00

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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

Daytime Phone #