FILED Jan 30, 2006 8:00 am Secretary of State

ANNUAL REPOR	1Y

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DOCUMENT # L64000059776 1. Entity Name KINGS GENERAL PARTNERS III, LLC							01-30-2006				
Principal Plac	e of Business		Mailing Address		•		1				
201 ALHAME	ABRA CIRCLE, STE. 601 BLES, FL 33134 ABRA CIRCLE, STE. 601 CORAL GABLES, FL 33134			501		. (dd((d)) P)		s Adjet Amis II	0 (36 1 0 4 1) (40 40 - 06	THE 11 1981	
2. Principal P	lace of Busin	eess	3. Mailing Address						# P P P P P P P P P P P P P P P P P P P		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				01172006	Chg-LLC	CR2E	083 (11/05)	
City & State	θ	1,1,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2	City & State				4. FEI Number 56-2475				plied For t Applicable
Zip		Country	Zip	Coun	itry		5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of New R	egistered .	Agent	
l					Name						
FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, STE. 601 CORAL GABLES, FL 33134			Street Address (P.O. Box Number is Not Acceptable)								
					City					Zip Code	
8. The above	nanted entity	y submits this statement fo	r the purpose of changing its	register	'	r register	ed agent, or bot	h, in the State of Flo	FL rida. I am	- `	
the obligat	ions of regist	ered agent.~									·
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NQT	E: Registere	d Agent signat	ture required	when reinstating)		DATE		
	iling Fee i ue by May								•	payable to nent of State	a
9.		MANAGING MEMBE	ERS/MANAGERS	10.	_			ADDITIONS/	CHANGE		
TITLE	MGR		☐ Delete	TITL		1		ADDITIONAL	Ol Made	☐ Change	Addition
NAME		ONE, RONALD R	C Delete	NAM						☐ Change	☐ Mudition
STREET ADDRESS	ı	MBRA CIRCLE # 601			ET ADDRESS						
CITY-ST-ZIP	1	ABLES, FL 33134			-ST-ZIP						
TITLE	MGR		Delete	TITL	F	MG	Ω			☑ Change	☐ Addition
NAME		JOSEPH G	LI Delete	NAM		LUN	PCK130	seph G.		-	
STREET ADDRESS	1 '	MBRA CIR #601			ET ADDRESS	201	Alnamb	ra circle.	, Surte	:601	
CITY-ST-ZIP	CORAL G	ABLES, FL 33134		CITY	-ST-ZIP			FL 3813			
TITLE	MGR		☐ Defete	TITL	E	2013		<u> </u>		☐ Change	☐ Addition
NAME	DENBER	G, MICHAEL B		NAM		l					
STREET ADDRESS	201 ALHA	MBRA CIR #601		STR	EET ADDRESS						
CITY-ST-ZIP	CORAL G	ABLES, FL 33134	=	CITY	-ST-ZIP						
TITLE			☐ Delete	TITL	E					☐ Change	Addition
NAME				NAM							
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	<u> </u>			CITY	-ST-ZIP						
TITLE			☐ Delete	TITE		l				Change	Addition
NAME CTREET ADDRESS				NAM		[
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE						 	-				
NAME			☐ Delete	TITL						☐ Change	Addition
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP	}	Λ	Λ		-ST-ZIP						
11. I hereby	certify that th	e information spoolied with	this filing does not qualify for			ontained	in Chapter 110	Florida Statutos 1 fr	rther certif	v that the info	rmation
11. I hereby certify that the information spoolied with his 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 futures empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNAT	URE: _	1 JUHA	Phonoin	IR F	ields	tone		7.06	305:	357-100	01
	SIGNATURE A	AND TYPED OR PRINTED HAVE O	F SIGNING MANAGING MEMBER, MA		AUTHORIZE		NTATIVE	Date		Daytime Phone #	