

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071102

Entity Name: S3 INVESTMENTS III, LLC

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

55 LINTEL DRIVE
MCMURRAY, PA 15317

New Principal Place of Business:

1532 DREXEL AVENUE
APT 204
MCMURRAY, PA 33139

Current Mailing Address:

55 LINTEL DRIVE
MCMURRAY, PA 15317

New Mailing Address:

FEI Number: 20-1686170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHETH, KETAN C
1532 DREXEL AVENUE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

SHETH, KETAN C
1532 DREXEL AVENUE
APT 204
MIAMI BEACH, FL 33139 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:

01/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHETH, MALAY
Address: 55 LINTEL DRIVE
City-St-Zip: MCMURRAY, PA 15317

Title: MGRM () Delete
Name: STOCKER, KEVIN
Address: 55 LINTEL DRIVE
City-St-Zip: MCMURRAY, PA 15317

Title: MGRM () Delete
Name: DAVE, ANISH
Address: 55 LINTEL DRIVE
City-St-Zip: MCMURRAY, PA 15317

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MALAY C SHETH

MGRM

01/08/2007

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