

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073621

Entity Name: WYNWOOD III LLC

FILED  
Feb 28, 2007  
Secretary of State

**Current Principal Place of Business:**

10 EDGEWATER, APT. 7-F  
CORAL GABLES, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

10 EDGEWATER, APT. 7-F  
CORAL GABLES, FL 33133

**New Mailing Address:**

FEI Number: 20-1754046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HELLRING, LARRY  
9875 NW 789TH AVE  
HIALEAH GARDENS, FL 33016 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: HELLRING, LARRY  
Address: 10 EDGEWATER, APT. 7-F  
City-St-Zip: CORAL GABLES, FL 33133

Title: MGR ( ) Delete  
Name: GORDON, LARRY  
Address: 10970 S.W. 69TH AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: MGR ( ) Delete  
Name: LULFS, BRIAN  
Address: 829 SHORE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33435

**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: LARRY HELLRING

MGR

02/28/2007

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