2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

	ANNUAL	REPORT	
DOCUMENT#	L04000077	133	_

1. Entity Name CASH FLO III, LLC



Principal Place of Business

729 RED ARROW TRAIL PALM DESERT, CA 92211 Mailing Address

729 RED ARROW TRAIL PALM DESERT, CA 92211



02252007 No Chg-LLC

CR2E083 (11/05)

П				
	4. FEI Number			Applied For
	NOT APPLICABLE			Not Applicable
	5. Certificate of Status Desired		\$5.00 Additional	

6. Name and Address of Current Registered Agent

LYNN, MARK J ESQ. 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE, FL 33309

the obligations of registered agent

DO NOT WRITE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		13. 人名 斯特尔 14.20 14.20 14.60 14.60
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE R.D. ASHER & A.L. ASHER TRUST 6/1/89 729 RED ARROW TRAIL PALM DESERT, CA 92211		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000662803 21/07=80026=025 \$0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The state of the s	

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

11. I hereby certify that the information supplied with this filling 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 eath; 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Lonoux When

RONALD ASHER

3-5-6

760-360-2705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #