

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077265

Entity Name: SUSHI JO III LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 7501
WEST PALM BEACH, FL 334057501

New Principal Place of Business:

640 E. OCEAN AVE
BOYNTON BEACH, FL 33435

Current Mailing Address:

PO BOX 7501
WEST PALM BEACH, FL 334057501

New Mailing Address:

319 BELVEDERE ROAD
SUITE #12
WEST PALM BEACH, FL 33405

FEI Number: 41-2156459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUERRIERI, CHARLES SCOTT
Address: 5105 S. FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 334053305

Title: MGRM () Delete
Name: CLARK, JOSEPH
Address: 2478 KENTUCKY ST.
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES:

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 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: CHARLES S GUERRIERI

MGRM

05/01/2007

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