

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084227

FILED
May 01, 2006
Secretary of State

Entity Name: A & M FLORIDA PROPERTIES III, LLC

Current Principal Place of Business:

C/O GFI MANAGEMENT SERVICES, INC.
50 BROADWAY
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

C/O GFI MANAGEMENT SERVICES, INC.
50 BROADWAY
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 20-1911106 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:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: JENNIFER MALIK

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GROSS, ALLEN
Address: 4TH FLOOR, 50 BROADWAY
City-St-Zip: NEW YORK, NY 10004

Title: MGR () Delete
Name: GROSS, EDITH
Address: 4TH FLOOR, 50 BROADWAY
City-St-Zip: NEW YORK, NY 10004

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 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: ALLEN GROSS

MGR

05/01/2006

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