# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 18, 2006**
**Secretary of State**

DOCUMENT# L05000050439

**Entity Name:** ARPACILAR PROPERTIES III, L.L.C.

**Current Principal Place of Business:**

435 NORTH ANDREWS AVENUE, STE. 2
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

435 NORTH ANDREWS AVENUE, #402
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

435 NORTH ANDREWS AVENUE, STE. 2
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

435 NORTH ANDREWS AVENUE, #402
FT. LAUDERDALE, FL 33301

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

ARPACILAR, MAHMUT
435 NORTH ANDREWS AVENUE, STE. 2
FT. LAUDERDALE, FL 33301 US

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

ARPACILAR, MAHMUT
435 NORTH ANDREWS AVENUE, #402
FT. LAUDERDALE, FL 33301 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: 01/18/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: ARPACILAR, MAHMUT
Address: 435 NORTH ANDREWS AVENUE, STE. 2
City-St-Zip: FT. LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: ARPACILAR, MAHMUT
Address: 435 NORTH ANDREWS AVENUE, #402
City-St-Zip: FT. LAUDERDALE, FL 33301

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: MAHMUT ARPACILAR MGRM 01/18/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date