2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050439

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

FILED Mar 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

435 NORTH ANDREWS AVENUE, #402 435 NORTH ANDREWS AVENUE, STE 2

FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

435 NORTH ANDREWS AVENUE, #402 435 NORTH ANDREWS AVENUE, STE 2

FT. LAUDERDALE, FL 33301 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: Name and Address of New Registered Agent:

ARPACILAR, MAHMUT
435 NORTH ANDREWS AVENUE, #402

ARPACILAR, MAHMUT
435 NORTH ANDREWS AVENUE, STE 2

435 NORTH ANDREWS AVENUE, #402 435 NORTH ANDREWS AVENUE, STE 2 FT. LAUDERDALE, FL 33301 US 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: MAHMUT ARPACILAR 03/21/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: ARPACILAR, MAHMUT Name: ARPACILAR, MAHMUT

Address: 435 NORTH ANDREWS AVENUE, #402 Address: 435 NORTH ANDREWS AVENUE, STE 2

City-St-Zip: FT. LAUDERDALE, FL 33301 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 MR. 03/21/2007