

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90071 046 ****50.00

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04282006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000051001					
1. Entity Name KAR III, LLC					
Principal Place of Business 3247 W. COLUMBUS DRIVE TAMPA, FL 33607			Mailing Address 3247 W. COLUMBUS DRIVE TAMPA, FL 33607		
2. Principal Place of Business 8114 N. Florida Ave.		3. Mailing Address 8114 N. Florida Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 20-2880867	
Zip 33604		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRALERO, YOHANNY SIRIA 3247 W. COLUMBUS DRIVE TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8114 N. Florida Ave. City Tampa FL Zip Code 33604		
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 the obligations of registered agent.					
SIGNATURE		MGR		4/28/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARRALERO, YOHANNY SIRIA		NAME	8114 N. Florida Ave.	
STREET ADDRESS	3247 W. COLUMBUS DRIVE		STREET ADDRESS	Tampa, FL 33604	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	Tampa, FL 33604	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALUJA, MARIA TERESITA		NAME	8114 N. Florida Ave.	
STREET ADDRESS	3247 W. COLUMBUS DRIVE		STREET ADDRESS	Tampa, FL 33604	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	Tampa, FL 33604	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing 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 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:		MGR		4/28/06 (813) 932-7712	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	