
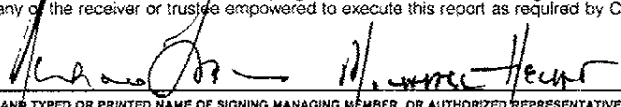


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000091416</b>		
1. Entity Name III T HAMMOCK COVE, LLC		
Principal Place of Business % DBR ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, SUITE 2001 FORT LAUDERDALE, FL 33394	Mailing Address % DBR ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, SUITE 2001 FORT LAUDERDALE, FL 33394	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MURRAY, DAVID G 1401 EAST BROWARD BLVD., SUITE 200 FORT LAUDERDALE, FL 33301		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HECHT, MICHAEL TRUSTEE 111W 40TH STREET 20TH FLOOR NEW YORK, NY 10018	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KLAUSNER, JEFFREY TRUSTEE 111W 40TH STREET 20TH FLOOR NEW YORK, NY 10018	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  1-19-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3493527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U000000603574  
01/29/07-80019-012 50.00