

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # L06000001546

The Seal of the State of Florida is a circular emblem. It features a central figure of a Seminole man standing on a log, holding a bow in his right hand and an arrow pointing downward in his left. A palm tree stands behind him. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

**Mailing Address**  
**% DBR ASSET MANAGEMENT, LLC**  
**1 FINANCIAL PLAZA, STE. 2001**  
**FT LAUDERDALE, FL 33394**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

4. FE# Number

FEI Number  
20-4054125

Applied For	
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Not Applicable
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### 5. Certificate of Status Desired

☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, DAVID G.  
1401 E. BROWARD BLVD., STE. 200  
FT LAUDERDALE, FL 33301

Narne

Street Address (P.O. Box Number is Not Acceptable)

City

F1

Zip Code

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

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, 2007

**Make check payable to  
Florida Department of State**

**9.** MANAGING MEMBERS/MANAGERS

### ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	III T, LTD, A FLORIDA LIMITED PARTNERSHIP	
STREET ADDRESS	1 FINANCIAL PLAZA, STE. 2001	
CITY - ST - ZIP	FT LAUDERDALE, FL 33394	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	

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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	Change	Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Da'ir

Daytime Phone # \_\_\_\_\_