

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

5/2

05-02-2007 90341 032 \*\*\*\*50.00

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|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # L06000011820</b>   |         |                                  |         |
| 1. Entity Name<br>FUTERNICK PROPERTIES III, LLC  |         |   |         |
| Principal Place of Business<br>10800 N.W. 97TH STREET, SUITE 102<br>MIAMI, FL 33178  |         | Mailing Address<br>10800 N.W. 97TH STREET, SUITE 102<br>MIAMI, FL 33178   |         |
| 2. Principal Place of Business - No P.O. Box #   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><br>LEVINSON, EDWARD E.<br>407 LINCOLN ROAD, PH-SE<br>MIAMI BEACH, FL 33139 |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |         |
|  |         | FL Zip Code   |         |

04052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4262611 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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 \_\_\_\_\_ (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                 |  |                                 | 10. ADDITIONS / CHANGES                        |  |   |
|--|--|---------------------------------|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FUTERNICK, FRANK<br>10800 N.W. 97TH STREET, SUITE 102<br>MIAMI, FL 33178 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 expedite this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ 4/6/07 305-685-0325  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #