

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 13, 2007  
Secretary of State**

DOCUMENT# L06000014814

Entity Name: ACTION III, LLC

**Current Principal Place of Business:**

1009 NE 104TH STREET  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

6100 S.W. 56TH COURT  
DAVIE, FL 33314

**Current Mailing Address:**

1009 NE 104TH STREET  
MIAMI SHORES, FL 33138

**New Mailing Address:**

6100 S.W. 56TH COURT  
DAVIE, FL 33314

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSENBERG, ARTHUR R  
4875 NORTH FEDERAL HIGHWAY 7TH FL  
FORT LAUDERDALE, FL 33308    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      SCHOENROCK, GEORGE II  
Address:                      6100 SW 56TH COURT  
City-St-Zip:                      DAVIE, FL 33314

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GEORGE SCHOENROCK                      MGRM                      02/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date