


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90024 003 ***138.75

DOCUMENT # L06000017071	
1. Entity Name GEORGETOWN III, L.L.C.	

Principal Place of Business 1507 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301 263 N.E. 8 ST. Homestead, FL 33030	Mailing Address 1507 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301 263 N.E. 8 ST. Homestead, FL 33030
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DO NOT WRITE IN THIS SPACE



03112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4318245	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KARNEY, WILLIAM M 915 MIDDLE RIVER DRIVE, SUITE #506 FORT LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLONEY, SCOTT 1507 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELVECCHIO, PATRICK 1507 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301 <i>change address to</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>263 N.E. 8 ST.</i> <i>Homestead, FL 33030</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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]* *4/8-08* *305-248-9500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #