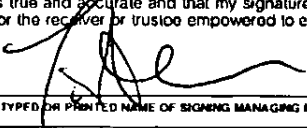


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2007 8:00 am
Secretary of State

5/4

05-04-2007 90309 036 ****50.00

DOCUMENT # L06000025033 1. Entity Name ALLEN KONRAD CAPITAL APPRECIATION INVESTORS III LLC					
Principal Place of Business 1877 S. FEDERAL HWY BOCA RATON FL 33432			Mailing Address 1877 S. FEDERAL HWY BOCA RATON FL 33432		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ALLEN, TIMOTHY L 1877 S. FEDERAL HWY BOCA RATON FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALLEN, TIMOTHY L TIMOTHY L ALLEN BOCA RATON FL 33432 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1877 S. FEDERAL HWY. SUITE 101	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.					
SIGNATURE: 			Date: 4/23/07 Daytime Phone #: 561.347.7292		