

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030175

Entity Name: CAMPBELL EAST III, LLC

FILED  
Jan 14, 2008  
Secretary of State

**Current Principal Place of Business:**

9350 S. DIXIE HIGHWAY, STE. 1480  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9350 S. DIXIE HIGHWAY, STE. 1480  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 01-0869878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESPINO, LUIS A ESQ.  
806 DOUGLAS ROAD  
580  
CORAL GABLES, FL 33134 US

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

ESPINO, LUIS A ESQ.  
355 ALHAMBRA CIRCLE  
SUITE # 801  
CORAL GABLES, FL 33134 US

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

01/14/2008

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SANCHEZ, ALEJANDRO G  
Address: 9350 S. DIXIE HIGHWAY, STE. 1480  
City-St-Zip: MIAMI, FL 33156

Title: MGR ( ) Delete  
Name: HENAO, LUIS F  
Address: 901 PONCE DE LEON, SUITE 603  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ALEJANDRO SANCHEZ

MGR

01/14/2008

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