

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90117 014 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L06000032670**

1. Entity Name  
2801 TT-III, LLC



Principal Place of Business  
% ADAM R. SCHIFFMAN, P.A.  
2999 N.E. 191ST STREET, SUITE 900  
AVENTURA, FL 33180

Mailing Address  
% ADAM R. SCHIFFMAN, P.A.  
2999 N.E. 191ST STREET, SUITE 900  
AVENTURA, FL 33180

30007978



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIFFMAN, ADAM R ESQ.  
2999 N.E. 191ST STREET, SUITE 900  
AVENTURA, FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SCHIFFMAN, ADAM R  
2999 N.E. 191 STREET, #900  
AVENTURA, FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/07