

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90111 015 ***138.75

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																																																																				
2. Principal Place of Business - No P.O. Box # 2750 NE 185th Street		3. Mailing Address 2750 NE 185th Street																																																																					
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc. 2nd Floor																																																																					
City & State Aventura, FL		City & State Aventura, FL																																																																					
Zip 33180		Zip 33180																																																																					
Country		Country																																																																					
6. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R ESQ. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Schiffman, Adam R Street Address (P.O. Box Number is Not Acceptable) 2750 NE 185th Street 2nd Floor City Aventura FL Zip Code 33180																																																																				
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 reinstating) DATE _____																																																																							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">MGR KOGAN, EVGENI</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">MGR Kogan, Evgeni R</td> <td style="width: 30%; padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">2999 N.E. 191 STREET, #900</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">2750 NE 185th Street, 2nd Floor</td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">AVENTURA, FL 33180</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">Aventura, FL 33180</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR KOGAN, EVGENI	<input type="checkbox"/> Delete	TITLE	MGR Kogan, Evgeni R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	2999 N.E. 191 STREET, #900		NAME	2750 NE 185th Street, 2nd Floor		STREET ADDRESS	AVENTURA, FL 33180		STREET ADDRESS	Aventura, FL 33180		CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP		
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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: <u>Kogan Evgeni</u> 3/31/08																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																							