

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-15-2008 90111 016 ***138.75

DOCUMENT # L06000032717

1. Entity Name
2601 TT-III, LLC



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

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

60023411



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

03112008 Chg-LLC CR2E083 (12/06)

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33180

Country

Zip
33180

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
2999 N.E. 191ST STREET, SUITE 900
AVENTURA, FL 33180

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME KOGAN, EVGENI R
STREET ADDRESS 2999 N.E. 191ST STREET, SUITE 900
CITY - ST - ZIP AVENTURA, FL 33180

TITLE MGR ☒ Change ☐ Addition
NAME Kogan, Evgeni R
STREET ADDRESS 2750 NE 185th Street, 2nd Floor
CITY - ST - ZIP Aventura, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY - ST - ZIP

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

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 #