

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000032781



1. Entity Name
2401 TT-III, LLC

Principal Place of Business

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

Mailing Address

% ADAM R. SCHIFFMAN, P.A.
2999 N.E. 191ST STREET, STE 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

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R ESQ
2999 N.E. 191ST STREET, STE 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

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MAILER, IGOR
2999 N.E. 191 STREET, #900
AVENTURA, FL 33180

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

3/3/08

Date

Daytime Phone #

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

04-15-2008 90111 014 ***138.75

60023413



03112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Make check payable to
Florida Department of State