

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90136 038 \*\*\*138.75

DOCUMENT # L06000058079

1. Entity Name  
MACAW HOLDINGS III, LLC



Principal Place of Business  
2790 N. MILITARY TRAIL, SUITE 6  
WEST PALM BEACH, FL 33409

Mailing Address  
2790 N. MILITARY TRAIL, SUITE 6  
WEST PALM BEACH, FL 33409

30000117



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number

APPLIED FOR 20-5032469

Applied For

Not Applicable

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

EVANS, LESLIE R  
214 BRAZILIAN AVENUE, SUITE 200  
PALM BEACH, FL 33480

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 re-registering)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WELLES, ALAN H  
2790 N. MILITARY TRAIL, SUITE 6  
WEST PALM BEACH, FL 33409 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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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:

*H. H. H.*

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

Date

Daytime Phone #