

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90046 032 \*\*\*138.75

DOCUMENT # L06000062534  
 1. Entity Name  
 INIR INVESTMENTS III, LLC



Principal Place of Business  
 6310 PENT PLACE  
 MIAMI LAKES, FL 33014

Mailing Address  
 6310 PENT PLACE  
 MIAMI LAKES, FL 33014

60000143

2. Principal Place of Business - No P.O. Box #  
 3099 W 4 AVE  
 Suite, Apt. #, etc.

3. Mailing Address  
 3099 W 4 AVE  
 Suite, Apt. #, etc.



01042008 Chg-LLC CR2E083 (12/06)

City & State  
 HIALEAH- FL

City & State  
 HIALEAH- FL

Zip  
 33012

Country  
 USA

Zip  
 33012

Country  
 USA

4. FEI Number  
 20-5078767

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 GONZALEZ, INDALECIO  
 6310 PENT PLACE  
 MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent  
 Name GONZALEZ INDALECIO  
 Street Address (P.O. Box Number is Not Acceptable)  
 3099 W 4 AVE  
 City HIALEAH FL Zip Code 33012

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] INDALECIO GONZALEZ DATE 1-4-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, INDALECIO 6310 PENT PLACE MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, IRMA 6310 PENT PLACE MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ INDALECIO 3099 W 4 AVE HIALEAH- FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ IRMA 3099 W 4 AVE HIALEAH- FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] INDALECIO GONZALEZ DATE 1-4-08 DAYTIME PHONE # 305-888-8489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #