


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 30 AM 8:42

DOCUMENT # L06000082758 1. Entity Name MMJ INVESTMENTS III, LLC	
--	---

Principal Place of Business 12460 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071	Mailing Address 12460 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071
---	---

DO NOT WRITE IN THIS SPACE



04292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5445697	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent BLOOM, JONATHAN ESQ. BLOOM, BALEN & FREELING, ATTYS. AT LAW 2295 NW CORPORATE BLVD., SUITE 117 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELAMED & KARP 401K F/B/O STEVEN Y. KARP 12460 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELAMED & KARP 401K F/B/O ELLIOT MELAMED 12460 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4/29/08 <small>Date</small>	9547573338 <small>Daytime Phone #</small>
---	--------------------------------	--