

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092369

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** ST. TROPEZ III, LLC

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-8154743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

BARKER, REX M  
3211 PONCE DE LEON 301  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: REX M BARKER

04/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: MILTON, JOSEPH  
Address: 3211 PONCE DE LEON #301  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Change (X) Addition  
Name: BARKER, REX M  
Address: 3211 PONCE DE LEON #301  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REX M BARKER

MGR

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date