

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 23, 2008
Secretary of State

DOCUMENT# L06000092369

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:

3201 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134

Current Mailing Address:

201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

New Mailing Address:

3201 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134

FEI Number: 20-8154743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

10/23/2008

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