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Secretary of State
02-02-2007 90036 008 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2

DOCUMENT # L06000094124

1. Entity Name
TIMELESS PROPERTIES III, LLC

30001579

Principal Place of Business	Mailing Address
2500 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009	2500 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2710 Van Buren Street	2710 Van Buren Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, Fl	City & State: Hollywood, Fl.
Zip: 33020 Country: Broward	Zip: 33020 Country: Broward

01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5683190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
2499 GLADES ROAD #210
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, GREG 2500 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2710 Van Buren Street Hollywood, Fl 33020	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

X **SIGNATURE:** ______________________ 1/30/07 954-451-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #