

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000121747

Entity Name: CB LANDHOLDINGS III, LLC

FILED
Oct 02, 2009
Secretary of State

Current Principal Place of Business:

5240 S UNIVERSITY DRIVE
SUITE 102
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5240 S UNIVERSITY DRIVE
SUITE 102
DAVIE, FL 33328

New Mailing Address:

FEI Number: 20-8196197 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:

PECKAR & ABRAMSON
1 SE 3RD AVE
SUITE 3050
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

THOMAS O. WELLS, P.A.
540 BILTMORE WAY
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: THOMAS O. WELLS

10/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLESSING, DAVID C
Address: 5240 S UNIVERSITY DRIVE #102
City-St-Zip: DAVIE, FL 33328 US

Title: MGRM (X) Delete
Name: CAMET, EDUARDO
Address: 5240 S UNIVERSITY DRIVE #102
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAMET, EDUARDO
Address: 5240 S UNIVERSITY DRIVE #102
City-St-Zip: DAVIE, FL 33328 US

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: EDUARDO CAMET

MGRM

10/02/2009

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