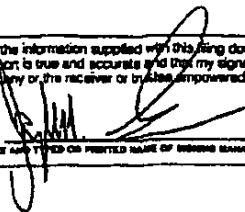


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000110268			
1. Entity Name MHC FUND III - TEQUESTA, LLC			
Principal Place of Business 201 S. BISCAYNE BLVD., STE. 1500 (LAD) MIAMI, FL 33131		Mailing Address 201 S. BISCAYNE BLVD., STE. 1500 (LAD) MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box elo Werin Hunter Codman, Inc 1601 Forum Place # 200 West Palm Beach, FL 33401 City & State Country US		3. Mailing Address % Hori Hunter Codman, Inc 1601 Forum Place # 200 West Palm Beach, FL 33401 City & State Country US	
4. FEI Number 261242809		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., STE. 1500 (LAD) MIAMI, FL 33131	
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 of, Agent or Principal Name of registered agent and date of registration (NOTE: Registered Agent signatures required unless otherwise noted) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2009 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS 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 TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP		10. ADDITIONS / CHANGES 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 TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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: 		Jay M. Grossman 03/06/08 561-471-8000	

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 23 PM 1:36

FILED