

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90073 029 \*\*\*\*50.00



DOCUMENT # L99000002045

1. Entity Name  
 THE T. PINTO FAMILY III, L.C.

Principal Place of Business  
 12209 ACAPULCO AVENUE  
 PALM BEACH GARDENS, FL 33410

Mailing Address  
 12209 ACAPULCO AVENUE  
 PALM BEACH GARDENS, FL 33410

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

08232004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 65-0883673

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent  
 PINTO, ROBERT  
 12209 ACAPULCO AVENUE  
 PALM BEACH GARDENS, FL 33410

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINTO, THERESA 12209 ACAPULCO AVENUE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 609, Florida Statutes.

SIGNATURE: *Theresa S. Pinto* Date: *9/7/04* Daytime Phone #: *561 644 2614*