

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002045

**FILED**  
**Apr 29, 2006**  
**Secretary of State**

**Entity Name:** THE T. PINTO FAMILY III, L.C.

**Current Principal Place of Business:**

12209 ACAPULCO AVENUE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

12209 ACAPULCO AVENUE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 65-0883673      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PINTO, ROBERT  
12209 ACAPULCO AVENUE  
PALM BEACH GARDENS, FL 33410      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PINTO, THERESA  
Address: 12209 ACAPULCO AVENUE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Change (X) Addition  
Name: PINTO, ROBERT J  
Address: 12209 ACAPULCO AVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information supplied with this filing does not qualify for the 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: THERESA PINTO

MGRM

04/29/2006

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