


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90042 038 \*\*\*138.75

**DOCUMENT # L99000003312**

1. Entity Name  
 NAZARI ASSOCIATES III, LLC



Principal Place of Business  
 3500 N. 55TH AVENUE  
 HOLLYWOOD, FL 33021

Mailing Address  
 3500 N. 55TH AVENUE  
 HOLLYWOOD, FL 33021

2. Principal Place of Business - No P.O. Box #  
 4651 SHERIDAN ST  
 Suite, Apt. #, etc.  
 SUITE 302

3. Mailing Address  
 4651 SHERIDAN ST  
 Suite, Apt. #, etc.  
 SUITE 302

City & State  
 HOLLYWOOD, FLORIDA

City & State  
 HOLLYWOOD, FLORIDA

Zip  
 33021

Country  
 USA

Zip  
 33021

Country  
 USA

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 65-0963190

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SARAGOVIA, EFRAIM  
 3500 N. 55TH AVE.  
 HOLLYWOOD, FL 33021

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARAGOVIA, EFRAIM 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Efraim Saragovia**  **1/9/08** **954 989 5199**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #