2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT DOCUMENT # L9900003730 1. Entity Name

Principal Place of Business

LOVE III LLC

250 WORTH AVENUE PALM BEACH, FL 33480 Mailing Address

P.O. BOX 2528 PALM BEACH, FL 33480

FILED Mar 27, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

02282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-4073961 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANDELSMAN, BURTON 250 WORTH AVENUE PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

8.	. The above named entity submits this statement for the purpose of chai	nging its registered	office or registered agent.	or both, in the State of Florida.	I am familiar with, and accep	i
	the obligations of registered agent,	,				

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000871283 04/09/08-80126-002 138.75

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANDELSMAN, BURTON 250 WORTH AVENUE PALM BEACH, FL 33480				
TITLE NAME STREET ADDRESS CITY+ST-ZIP		in the second of			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		emptions contained in Chapter 119, Florida Statutes. I further certify that the information			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules. I further certify that the information indicated on this report is true and acquarte 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 Statules.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SMAU

Daylime Phone #