


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90047 001 ****50.00

DOCUMENT # M01000000664	
1. Entity Name DAPPER PROPERTIES III, LLC	

Principal Place of Business ASBN LLC C/O FAMILY MGMT CORP. 477 MADISON AVE, 14TH FLOOR NEW YORK, NY 10022	Mailing Address ASBN LLC C/O FAMILY MGMT CORP. 477 MADISON AVE, 14TH FLOOR NEW YORK, NY 10022
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2. Principal Place of Business 485 MADISON AVE	3. Mailing Address 485 MADISON AVE
Suite, Apt. #, etc. 19TH FLOOR	Suite, Apt. #, etc. 19TH FLOOR
City & State NEW YORK, NY	City & State NEW YORK, NY
Zip 10022	Country US



08032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4157451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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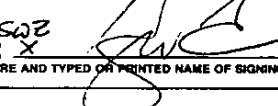
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASBN LLC, C/O FAMILY MGMT CORP. 477 MADISON AVE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASBN LLC, C/O FAMILY MANAGEMENT CORP 485 MADISON AVE, 19TH FLOOR NEW YORK, NY 10022 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: 	SEYMOUR W. BISES	8/5/05 (212) 872-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #