

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90037 033 ****50.00



DOCUMENT # M04000002725
 1. Entity Name
FIRE OF BRAZIL III, LLC

Principal Place of Business Mailing Address
9690 CONE COURT **9690 CONE COURT**
ROSWELL GA 30075 **ROSWELL GA 30075**



2. Principal Place of Business 3. Mailing Address
10300 W. FOREST HILL BLVD **9690 CONE CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
122

1st MOORE CR2E083 (10/04)

City & State City & State
WELLINGTON, FL. **ROSWELL, GA.**
 Zip Country Zip Country
33414 **30075** **30075**

4. FEI Number Applied For
13-4279920 Not Applicable

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

6. Name and Address of Current Registered Agent
BRAY, LARRY E
2247 PALM BEACH LAKES BLVD., SUITE 229
WEST PALM BEACH FL 33409

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GILBERTSON, BRENT 2249 SUNNYHILL ROAD LAWRENCEVILLE GA 30043 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GILBERTSON, TERRY 2086 NORTHLAND DRIVE LAWRENCEVILLE GA 30245-1 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GILBERTSON, RICHARD J 9690 CONE COURT ROSWELL GA 30075 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GILBERTSON, WILMA 9690 CONE COURT ROSWELL GA 30075 <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 |
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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 19.07(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: *Wilma Gilbertson* **WILMA GILBERTSON, MEMBER** **4/28/05** **(770) 992-0830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #