

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002564

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: DCR REAL ESTATE III SUB I, LLC

**Current Principal Place of Business:**

333 THIRD AVENUE NORTH, SUITE 400  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

333 THIRD AVENUE NORTH, SUITE 400  
ST PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 83-0427294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: MOERICH, CHRISTOPHER S  
Address: 333 THIRD AVENUE NORTH, SUITE 400  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR ( ) Delete  
Name: RAZOOK, FRED S JR  
Address: 333 THIRD AVENUE NORTH, SUITE 400  
City-St-Zip: ST PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MOENCH, CHRISTOPHER S  
Address: 333 THIRD AVENUE NORTH, SUITE 400  
City-St-Zip: ST PETERSBURG, FL 33701

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

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: FRED S. RAZOOK JR.

MGR

04/27/2006

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