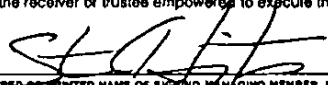


FILED
Jun 04, 2007 8:00 am
Secretary of State

05-08-2007 90117 018 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M06000006888			
1. Entity Name STAG III TAVARES, LLC			
Principal Place of Business 99 CHANNEY STREET, 19TH FLOOR C/O STAG CAPITAL PARTNERS, LLC BOSTON, MA 02111		Mailing Address 99 CHANNEY STREET, 10TH FLOOR C/O STAG CAPITAL PARTNERS, LLC BOSTON, MA 02111	
2. Principal Place of Business - No P.O. Box # 99 Chauncy St		3. Mailing Address 99 Chauncy St, 10th Fl.	
Suite, Apt. #, etc. 10th Floor C/O Stag Capital Partners, LLC		Suite, Apt. #, etc. C/O Stag Capital Partners, LLC	
City & State Boston, MA		City & State Boston, MA	
Zip 02111		Zip 02111	
Country		Country	
4. FEI Number 20-8001330			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM STAG INVESTMENTS HOLDINGS II, LLC 99 CHANNEY STREET, 19TH FLOOR BOSTON, MA 02111		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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: 		4-27-07 617-226-4955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	