


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

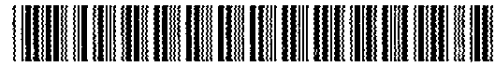
**FILED**  
**Jan 14, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M97000000859  
 1. Entity Name  
 PLEDGED PROPERTY III LLC



Principal Place of Business 335 MADISON AVENUE, 19TH FLOOR NEW YORK, NY 10017	Mailing Address 335 MADISON AVENUE, 19TH FLOOR NEW YORK, NY 10017
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**DO NOT WRITE IN THIS SPACE**



01062004No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-3897606	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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.

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREDIT BASED ASSET SERV.&SECURITIZATIONLLC 335 MADISON AVENUE, 19TH FLOOR NEW YORK, NY 10017
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000000004375  
 01/15/04-80009-019 55.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Shari L. Kushner SHARI L. KUSHNER 01/06/2004 (212) 850 2208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #