

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011619

FILED
Jun 11, 2008
Secretary of State

Entity Name: MLM FUND III, INC.

Current Principal Place of Business:

200 SOUTH BISCAYNE BOULEVARD
SUITE 505
MIAMI, FL 331315330

New Principal Place of Business:

Current Mailing Address:

SUITE 505, 200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 331315330

New Mailing Address:

FEI Number: 20-2042064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHACK, RUTH
SUITE 505, 200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LINDEMAN, HENRY
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 505
City-St-Zip: MIAMI, FL 33131

Title: DVP () Delete
Name: LINDEMAN, GEORGE
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 505
City-St-Zip: MIAMI, FL 33131

Title: DS () Delete
Name: ROULHAC, PETER
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 505
City-St-Zip: MIAMI, FL 33131

Title: DT () Delete
Name: LAVINA, RICHARD
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 505
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MURAI, RENE
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 505
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD WEEKS, DADE COMMUNITY FOUNDATION

CFO

06/11/2008

Electronic Signature of Signing Officer or Director

_____ Date