

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 07, 2007 8:00 am
Secretary of State

04-02-2007 90074 014 ****61.25

DOCUMENT # N06000004851					
1. Entity Name MARINA MILE BUSINESS PARK COMMERCIAL CONDOMINIUM ASSOCIATION III, INC.					
Principal Place of Business 400 SANTA CLARA TRAIL WELLINGTON, FL 33414			Mailing Address 400 SANTA CLARA TRAIL WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03262007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-557 2304				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANSFIELD, RAYMOND D 400 SANTA CLARA TRAIL WELLINGTON, FL 33414			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 \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME CABRERA, ANTONIO J JR. <input checked="" type="checkbox"/> Delete		TITLE P	NAME RAYMOND MANSFIELD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 782 N.W. 42ND AVENUE, SUITE 555	CITY-ST-ZIP MIAMI, FL 33126		STREET ADDRESS 400 SANTA CLARA TRAIL	CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE VD	NAME RUBIN, JEFF E <input checked="" type="checkbox"/> Delete		TITLE T	NAME Barry Levy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1320 SOUTH DIXIE HIGHWAY, SUITE 881	CITY-ST-ZIP CORAL GABLES, FL 33146		STREET ADDRESS 400 SANTA CLARA TRAIL	CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE STD	NAME BIGGER, WILLIAM A <input checked="" type="checkbox"/> Delete		TITLE S	NAME Hector Izquierdo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS C/O FIRST FLORIDA COMMERCIAL, 3001 SR 84	CITY-ST-ZIP FT. LAUDERDALE, FL 33312		STREET ADDRESS 400 SANTA CLARA TRAIL	CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.					
SIGNATURE: <i>Raymond D Mansfield</i> 3/29/07 954-791-9661					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					