2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State 05-02-2008 90129 035 ****61.25

DOCUMENT # N16617 1. Entity Name LA PLAYA DE VARADERO III MOTEL CONDOMINIUM												
LA PLAYA DE VARADERO III MOTEL CONDOMINIUM ASSOCIATION, INC.							700	-				
Principal Place of Susiness Mailing Address							_					
			18140 COLLINS AVENUI SUNNY ISLES, FL 3316				. :					
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04042008	Chg-NP	CR2E03	7 (12/06))		
City & State			City & State				4. FEI Number 59-27195	514			Applied For Not Applicable	
Zip	Cip Country		Zip C		ountry		5. Certificate of	Status Desired		\$8.75 A		
6. Name and Address of Current Register			legistered Agent				7. Name and Address of New Registered Agent					
LILLYCROP, WILLIAM J. 17780 Collins Ave. 2 Floor					Name Street 4	ddroog /I	P.O. Box Number	in Not Assessable				
1815 COLLINS AVENUE 177 0 Collins Ave 2 Floor SUNNY ISLES BEACH, FL 33160					Street A	uoress (r	O. Box Number	is Not Acceptable		· · · · · · · · · · · · · · · · · · ·		
					City				FL	Zip Co	ode ½	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or								in the State of Fi		amiliar witl	h, and accept	
the obligati	the obligations of registered agent.											
SIGNATURE Signature. Typed or physical name of population and trille of applicable. (NOTE: Registered Agent signature required w							when reinstating)	······································	DATE	6/10	· · · · · · · · · · · · · · · · · · ·	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.								
	_				_		\$5.00 May Be Added to Fees		fake check rida Depart			
10.	Due by N		Trust Fund Co	ontributi 11.	ion.	Α	Added to Fees	Floo VGES TO OFFICE	rida Depart RS AND DIF	ment of	State IN 10	
10. TITLE NAME	_	OFFICERS AND DIRI	Trust Fund C	ontributi	ion.	P Lilly	Added to Fees ADDITIONS/CHAP	NGES TO OFFICE	rida Depart	ment of RECTORS Change	State IN 10	
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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 receiver 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 like empowered. 305933-330/ Daytime Phone #

President