

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010203

FILED
Apr 30, 2008
Secretary of State

Entity Name: CCF III, INC.

Current Principal Place of Business:

5100 TOWN CENTER CIRCLE
SUITE 550
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5100 TOWN CENTER CIRCLE
SUITE 550
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-4173635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAYE, BARRY
5100 TOWN CENTER CIRCLE
SUITE 550
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: KAYE, BARRY
Address: 5100 TOWN CENTER CIRCLE, SUITE 550
City-St-Zip: BOCA RATON, FL 33486

Title: S, D () Delete
Name: KAYE, HOWARD
Address: 5100 TOWN CENTER CIRCLE, SUITE 550
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: KAYE, CAROLE
Address: 5100 TOWN CENTER CIRCLE, SUITE 550
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: LICHTMAN, MARC
Address: 5100 TOWN CENTER CIRCLE, SUITE 550
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Delete
Name: PARGH, MADELINE
Address: 5100 TOWN CENTER CIRCLE, SUITE 550
City-St-Zip: BOCA RATON, FL 33486

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: D (X) Change () Addition
Name: PARGH, MADELINE
Address: 5100 TOWN CENTER CIRCLE, SUITE 550
City-St-Zip: BOCA RATON, FL 33486

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY KAYE

P,D

04/30/2008

Electronic Signature of Signing Officer or Director

Date