


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90034 018 \*\*\*150.00

<b>DOCUMENT # P95000004323</b> 1. Entity Name <b>FIRST EQUITABLE REALTY III, INC.</b>					
Principal Place of Business <b>7601 EAST TREASURE DR. SUITE 1701 NORTH BAY VILLAGE, FL 33141</b>			Mailing Address <b>7601 EAST TREASURE DR. SUITE 1701 NORTH BAY VILLAGE, FL 33141</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0550561</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>EDWARDS, JAMES 7601 EAST TREASURE DR. SUITE 1701 NORTH BAY VILLAGE, FL 33141</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>James Edwards</i></u> 1/9/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EDWARDS, JAMES R <input checked="" type="checkbox"/> Delete 7601 EAST TREASURE DR. SUITE 1701 NORTH BAY VILLAGE, FL 33141				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAWN, AERLYN <input type="checkbox"/> Delete 10 BRANDYWINE CT DURHAM, NC 27705				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, CHARLES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7601 E. Treasure DR PH 107 North Bay Village, 33141				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D DAWN, AERLYN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 314 LA BROSSE RD BRYN MAWR, PA 19010				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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 receiver or trustee empowered to execute this report as required by Chapter 607, 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.					
SIGNATURE: <u><i>James Edwards</i></u> 1/9/08      786301 0006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

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