

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90024 035 ***150.00

DOCUMENT # S10987 1. Entity Name ZIFF ASSOCIATES NO. III, INC.					
Principal Place of Business 1121 CRANDON BLVD. TOWERS-F805 KEY BISCAYNE, FL 33149 US			Mailing Address THE RESIDENCES AT THE BATH CLUB 5959 COLLINS AVENUE, PH 2004 MIAMI BEACH, FL 33140 US		
2. Principal Place of Business 5959 Collins Ave PH 2004			3. Mailing Address PH 2004		
Suite, Apt. #, etc. PH 2004			Suite, Apt. #, etc. PH 2004		
City & State MIAMI BEACH, FL			City & State MIAMI BEACH, FL		
Zip 33140		Country DADE		4. FEI Number 59-3038513	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZIFF, SANFORD L. 1121 CRANDON BLVD, 805-F KEY BISCAYNE, FL 33149 5959 Collins Ave PH 2004 MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name ZIFF, SANFORD L. Street Address (P.O. Box Number is Not Acceptable) 5959 Collins Ave PH 2004 City MIAMI BEACH FL Zip Code 33140		
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: <i>[Signature]</i> Ziff <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ZIFF, SANFORD L. 1121 CRANDON BLVD, 805-F KEY BISCAYNE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ZIFF, SANFORD L. 5959 Collins Ave PH 2004 MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 lines empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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