


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000009186 1. Entity Name SAH 2000 FUND III MM, INC.	
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Principal Place of Business 6420 SW MACADAM AVENUE SUITE 100 PORTLAND, OR 97239	Mailing Address 6420 SW MACADAM AVENUE SUITE 100 PORTLAND, OR 97239
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04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0977145	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000921632
 05/14/08-80075-019 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EMERY, RODNEY F 6420 SW MACADAM AVE.,#100 PORTLAND, OR 97239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINNING, R KYLE 6420 SW MACADAM AVE.,#100 PORTLAND, OR 97239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILBERT, CHRISTOPHER M 6420 SW MACADAM AVE.,#100 PORTLAND, OR 97239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVAR, DINESH 6420 SW MACADAM AVE.,#100 PORTLAND, OR 97239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEL RIO, ANA MARIE 6420 SW MACADAM AVE.,#100 PORTLAND, OR 97239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ **Dinesh Davar, CFO** **April 21, 2008** **949-852-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #