2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A01000001067

1. Entity Name
NAROCA PARTNERS III, LTD.

FILED

2004 JUN -8 P 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10250 SW 56 ST. A-201 MIAMI, FL 33165	10250 SW 56 ST. A-201 MIAMI, FL 33165

03202003 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
5601 SW 53 Ct	5601 SW 53 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33173 Country: Dade	Zip: 33173 Country: Dade

4. FEI Number 65-1126492 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS, INC.
ONE SOUTHEAST THIRD AVENUE, SUITE 2250
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Same

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date
$200,000.00	$ 200,000

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000086453	STREET ADDRESS	
NAME	NAROCA CONSTRUCTION COMPANY I	CITY-ST-ZIP	200037840792
STREET ADDRESS	5601 S.W. 103 COURT		06/10/04--01013--003 **228.75
CITY-ST-ZIP	MIAMI, FL 33173		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200037840792
NAME		CITY-ST-ZIP	06/10/04--01013--004 **297.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Ramon Mestre 6/07/04 (305) 670-3791
Ramon Mestre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
Naroca Const. Co
General Partner