2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000090633 AT

DOCUMENT # A01000001067

1. Entity Name
NAROCA PARTNERS III, LTD.

FILED
03 JUL 18 AM 11:54
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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

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	7. Name and Address of New Registered Agent
AMKGS REGISTERED AGENTS, INC. ONE SOUTHEAST THIRD AVENUE, SUITE 2250 MIAMI FL 33131	Name 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 _____ 4/15/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$200,000.00		

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	5601 S.W., 103 Ct
NAME	NAROCA CONSTRUCTION COMPANY I	CITY-ST-ZIP	MIAMI, FL 33173
STREET ADDRESS	10250 SW 56 ST. A-201		200018462192
CITY-ST-ZIP	MIAMI FL 33165		05/07/03--01094--007 **228.75
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	200018462192
NAME		CITY-ST-ZIP	07/18/03--01060--023 **237.50
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CITY-ST-ZIP			

CR2E003 (10/02)

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, GP.) 4/15/03 (305) 630-3791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #