


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A25583 1. Entity Name LIBERTY ASSOCIATES III L.P. LTD.	
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FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business C/O THE RELATED COMPANIES, L.P. 625 MADISON AVE. NEW YORK, NY 10022	Mailing Address C/O THE RELATED COS. LP//ATN: L. BENJAMIN 625 MADISON AVE. NEW YORK, NY 10022
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country

01262004	Chg-LP	CR2E003 (10/03)
4. FEI Number 13-3442942	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	

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. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	A29972 RELATED CREDIT PROPERTIES L.P. RELATED CAPITAL COMPANY 625 MADISON AVE, 5 NEW YORK, NY 10022	STREET ADDRESS CITY-ST-ZIP	400036081694 05/12/04--01013--015 **2288.75
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STAPLE CHECK HERE

Handwritten: 4/14/04

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Jan Williams* *Teresa WICKINSKI, SEC* 4/9/04 212 421 5332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #