

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

122

FILED

03 APR 30 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A25583**

1. Entity Name  
**LIBERTY ASSOCIATES III L.P. LTD.**



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



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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **13-3442942** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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.

**MAKE CHECK PAYABLE TO FL DEPT OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A29972 RELATED CREDIT PROPERTIES L.P. RELATED CAPITAL COMPANY 625 MADISON AVE, 5 NEW YORK, NY 10022
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	<b>600017643686</b>
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	

CRZE003 (10/02)

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: Teresa Wicelinski Date: 4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**CSC**

CORPORATION SERVICE COMPANY™

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 075874 4321791

AUTHORIZATION :

*Patricia T. [Signature]*

COST LIMIT : \$ 141.25

ORDER DATE : April 30, 2003

ORDER TIME : 3:07 PM

ORDER NO. : 075874-100

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher  
The Related Companies, Inc.  
9th Floor  
625 Madison Avenue  
New York, NY 10022

ANNUAL REPORT FILING

NAME: LIBERTY ASSOCIATES III L.P.  
LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
03 APR 30 PM 4: 29  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA