

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 28 1998 8:00 am
Secretary of State

1. Name of Limited Partnership
1a. DOCUMENT #
A29329

JOHN HANCOCK REALTY INCOME FUND-III LIMITED
PARTNERSHIP



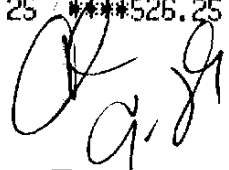
Mailing Address P. O. BOX 111, T-53 BOSTON MA 02117		Principal Office Address P. O. BOX 111, T-53 BOSTON MA 02117		3. Date Formed or Registered 12/12/1989	5a. Capital Contributions as Shown on record. \$12,000,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 09/11/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation MA	5b. Amount of Capital Contributions in FLORIDA to date:
City & State		City & State		6. FEI Number 04-3025607 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
J HANCOCK REALTY ENT, INC	200 CLARENDON ST., T-	BOSTON MA	P04404
800002652108--0 -09/30/98--01035--003 ****526.25 ****526.25 			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Richard E. Frank DATE 9/24/98

Typed or Printed Name of General Partner Signing Form RICHARD E. FRANK Daytime Telephone Number 617-572-3845

CR2E003 (8/98)