

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 31 PM 3:35



1. Name of Limited Partnership

1a. DOCUMENT #
A97000000688

CONGRESS III INVESTORS, LTD.

2. Mailing Address

Suite, Apt. #, etc.
3801 PGA Boulevard, Suite 1000
City & State
Palm Beach Gardens, FL 33410

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.
3801 PGA Boulevard, Suite 1000
City & State
Palm Beach Gardens, FL 33410

Zip Country

3. Date Formed or Registered
03/21/1997

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
\$1,000.00

5b. Amount of Capital Contributions in FLORIDA to date.

6. FEI Number
65-0744068 Applied For Not Applicable

7. Certificate of Status Desired **\$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

DASCO DEVELOPMENT CORPORATION
1200 CORPORATE CENTER WAY, SUITE 100
WELLINGTON FL 33414

10. If changed, new Registered Agent/Office

Name
3801 PGA Boulevard, Suite 1000

Street Address (P.O. Box Number is Not Acceptable)
Palm Beach Gardens, FL 33410

Suite, Apt. #, etc.

City
FL Zip Code

10a. Pursuant to the provisions of sections 620.105-1 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
CONGRESS III MEDICAL EQUITY	1200 CORPORATE CENTER	WELLINGTON FL 33414	A97000000687
	3801 PGA Boulevard, Suite 1000 Palm Beach Gardens, FL 33410		100002406731--5 01/21/98--01072--003 ***330.00 ***165.00

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 DATE **12-19-97**

Typed or Printed Name of General Partner Signing Form **Patrick J. DiSalvo** Vice President Daytime Telephone Number **561-691-9900**

CFR2E003 (6/97)

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