

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:46

DOCUMENT # B07000000079

1. Entity Name
 CAPITALSOUTH PARTNERS FUND III, L.P.



Principal Place of Business
 1011 E. MOREHEAD ST., SUITE 150
 CHARLOTTE, NC 28204

Mailing Address
 1011 E. MOREHEAD ST., SUITE 150
 CHARLOTTE, NC 28204



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252008 Chg-LP CR2E003 (12/06)

4. FEI Number

20-8426651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
 515 EAST PARK AVENUE
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name David H. Reed

Street Address (P.O. Box Number is Not Acceptable)

1414 W. Swann Ave., Suite 100

City Tampa

FL

Zip Code 33606

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

Signature, typed or printed name of registered agent and title if applicable.

2/11/08

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 # M07000001465
 NAME CAPITALSOUTH PARTNERS F-III, LLC
 STREET ADDRESS 1011 E. MOREHEAD ST., SUITE 150
 CITY-ST-ZIP CHARLOTTE, NC 28204

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/29/08

STAPLE CHECK HERE