

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT -8 PM 1:40

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000193

RELATED INDEPENDENCE ASSOCIATES III, LIMITED PARTNERSHIP



Mailing Address
**% THE RELATED COMPANIES, L.P.
625 MADISON AVENUE
NEW YORK NY 10022**

Principal Office Address
**625 MADISON AVENUE
NEW YORK NY 10022**

3. Date Formed or Registered
05/30/1995

5a. Capital Contributions as Shown on record
\$0.00

3a. Date of Last Report
11/21/1995

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation
DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc.

Suite, Apt #, etc.

6. FEI Number
13-3750683

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country Zip Country

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 SOUTH 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

RELATED INDEPENDENCE ASSOCIA

625 MADISON AVE.

NEW YORK NY 10022

F95000002142

500001975085-15
-10/15/96-01208-002
***191.25 ***191.25

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 _____

Lynn A. McMahon

DATE **10-26-96**

Typed or Printed Name of General Partner Signing Form

Lynn McMahon, Secretary

Daytime Telephone Number

(212-421-5333)

CR2E003 (6/96)