

**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 Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT -8 PM 1:39



1. Name of Limited Partnership  
**1a DOCUMENT #  
B95000000194**

**INDEPENDENCE TAX CREDIT PLUS LIMITED PARTNERSHIP  
III**

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: **\$1,378,754.00**  
3a. Date of Last Report: **11/21/1995**  
5b. Amount of Capital Contributions in FLORIDA to date:  
4. State or Country of Formation: **DE**  
6. FEI Number: **13-3746339**  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)

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

2a. Principal Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
% 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 AVENUE	NEW YORK NY 10022	B95000000193

500001972675--6  
-10/14/96--01025--004  
\*\*\*\*578.25 \*\*\*\*578.25

**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: **10-2-96**  
Typed or Printed Name of General Partner Signing Form: **Lynn McMahon, Secretary** Daytime Telephone Number: **212-421-5333**

CR2E003 (6/96)