


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # B9500000194

1. Entity Name
INDEPENDENCE TAX CREDIT PLUS LIMITED PARTNERSHIP III



Principal Place of Business
C/ OTHE RELATED COMPANIES, L.P.
625 MADISON AVENUE
NEW YORK, NY 10022

Mailing Address
C/O THE RELATED COS. LP//ATTN: L. BENJAMIN
625 MADISON AVENUE
NEW YORK, NY 10022



2. Principal Place of Business
 Suite, Apt #, etc.
 City & State
 Zip Country

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

01262004 Chg-LP CR2E003 (10/03)

4. FEI Number
13-3746339

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$1,378,754.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME STREET ADDRESS CITY - ST - ZIP	B9500000193 RELATED INDEPENDENCE ASSOCIATES III, L.P. RELATED CAPITAL COMPANY 625 MADISON AVENUE NEW YORK, NY 10022	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Teresa Wiczlinski, Sec.* **TERESA WICZLINSKI, SEC.** Date: 4/9/04 Daytime Phone #: 212 4215332