


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # B95000000194**

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



04182005 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 file 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

DOCUMENT #	<b>B95000000193</b>
NAME	<b>RELATED INDEPENDENCE ASSOCIATES III, L.P.</b>
STREET ADDRESS	<b>RELATED CAPITAL COMPANY 625 MADISON AVENUE</b>
CITY- ST- ZIP	<b>NEW YORK, NY 10022</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY- ST- ZIP	

11. **111100585588**  
**05/11/05-80008-004 526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **4-29-05** **212-521-6310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE