2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

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

Mailing Address or COPHE PRIATED COMMANDS, L.P. 625 MAIDSON AVENUE NEW YORK, NY 10022 2. Principal Please of Sudirioùs 3. Mailing Address 5. MAID Address 5.	DOCUMENT # B9500000194 1. Entity Name INDEPENDENCE TAX CREDIT PLUS LIMITED PARTNERSHIP III				Secretary of State			
Sullo, Apt #, etc. Sullo, Apt #, etc. City & State City & City & State C	C/ OTHE RELATED COMPANIES, L.P C/O THE RELATED COS. 1 625 MADISON AVENUE 625 MADISON AVENUE				Tn: L. Benjamin	T 		
City & State Ci	2. Principal Place of Business 3.		3. Mailing Address					
The Application The Applic	Suite, Apt #, etc.					04182005 Chg-LP CR2E003 (10/03)		
S. Kernicale of Status Desired Speak Secretary	City & State		<u> </u>					
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL	Zip		·	Cour	ntry	5. Certificate of status Desired Fee Required		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City FL Zip Codo 1. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the college of the control of the control of the part of Florida, I am familiar with, and accept the control of the cont		6. Name and Address of Current	Registered Agent		Namo	7. Name and Address of New Registered Agent		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9. Capital Contributions	1201 HAYS STREET			-		(P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions 9. Capital Co	, reconstruction of the second				City	FI Zip Code		
SIGNATURE Signature, hybrid or private range of registrate agent and Rise Fasticable S. Capital Contributions as Shown on record. S. 1,378,754.00 10. Amount of Capital Contributions m. FLORIDA to date. NOTE: General Partners 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY B85000000193 RELATED CAPITAL COMPANY 625 MADISON AVENUE CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP DOCUMBIT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMBIT / ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMBIT / ST-ZIP	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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
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To 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 I RELATED INDEPENDENCE ASSOCIATES III, L.P. STREET ADDRESS RELATED CAPITAL COMPANY 625 MADISON AVENUE DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT I STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	9. Capital Contributions shown on record. \$1,378,754.00 10. Amount of Capital Contributions in FLORIDA to date.							
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		certify that the information or molled with	this filing does not disable for	r the ava	motion stated in Sa	ection 119 07(3)(i) Florida Statutes I further certify that the information		

4-29-05

212-521-6310

Daytime Phone #