

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**

03 APR 30 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

**DUE BY MAY 1, 2003**

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.

**11 - MAKE CHECK PAYABLE TO FL DEPT OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #                      | B9500000193                                | STREET ADDRESS           |              |
| NAME                            | RELATED INDEPENDENCE ASSOCIATES III, L.P.  | CITY - ST - ZIP          |              |
| STREET ADDRESS                  | RELATED CAPITAL COMPANY 625 MADISON AVENUE |                          |              |
| CITY - ST - ZIP                 | NEW YORK, NY 10022                         |                          |              |
| DOCUMENT #                      |  | STREET ADDRESS           |              |
| NAME                            |  | CITY - ST - ZIP          |              |
| STREET ADDRESS                  |  |                          |              |
| CITY - ST - ZIP                 |  |                          |              |
| DOCUMENT #                      |  | STREET ADDRESS           | 100017643711 |
| NAME                            |  | CITY - ST - ZIP          |              |
| STREET ADDRESS                  |  |                          |              |
| CITY - ST - ZIP                 |  |                          |              |
| DOCUMENT #                      |  | STREET ADDRESS           |              |
| NAME                            |  | CITY - ST - ZIP          |              |
| STREET ADDRESS                  |  |                          |              |
| CITY - ST - ZIP                 |  |                          |              |
| DOCUMENT #                      |  | STREET ADDRESS           |              |
| NAME                            |  | CITY - ST - ZIP          |              |
| STREET ADDRESS                  |  |                          |              |
| CITY - ST - ZIP                 |  |                          |              |

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 Wicelinski* **Teresa Wicelinski** 4/28/03

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

STAPLE CHECK HERE

CR2E003 (10/02)



CORPORATION SERVICE COMPANY

B95000000194

2

ACCOUNT NO. : 072100000032

REFERENCE : 075874 4321791

AUTHORIZATION :

*Patricia Fijet*

COST LIMIT : \$ 526.25

ORDER DATE : April 30, 2003

ORDER TIME : 3:14 PM

ORDER NO. : 075874-105

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher  
The Related Companies, Inc.  
9th Floor  
625 Madison Avenue  
New York, NY 10022

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: INDEPENDENCE TAX CREDIT PLUS  
LIMITED PARTNERSHIP III

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

*BK*

RECEIVED  
03 APR 30 PM 4:29  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA