## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

	DOCUMENT # A0100001067  1. Entity Name NAROCA PARTNERS III, LTD.						FILED	
	Principal Place of Business 10250 SW 56 ST. A-201 MIAMI, FL 33165  2. Principal Place of Business			Mailing Address 10250 SW 56 ST. A-201 MIAMI, FL 33165  3. Mailing Address		2004 JUN -8 P 3: 2 SECRETARY OF STATI TALLAHASSEE, FLORID		
+	City & State		· · · · · · · · · · · · · · · · · · ·			<del>-</del>	03202003 Chg-LP CR2E003 (	
-		wi	/^L	Zip			65-1126492	Applied For Not Applicable \$8.75 Additional
	~ 371	73	Dade	3317		Dade	5. Certificate of Status Desired	Fee Required
-	AMKGS RI ONE SOUT MIAMI, FL	EGISTER THEAST	e and Address of Current F ED AGENTS, INC. THIRD AVENUE, SUI		2250 Street Address  City		7. Name and Address of New Registers  OULL  P.O. Box Number is Not Acceptable)	
	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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE							
	Signature, typêd or printed name of registered agent and title if applicable.  DATE  9. Capital Contributions as Shown on record.  \$200,000.00  10. Amount of Capital Contributions in FLORIDA to date 200,000							
	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.							
$\vdash$	12. GENERAL PARTNER INFORMATION 1						ADDRESS CHANGES	
	DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP	ME NAROCA CONSTRUCTION COMPANY I REET ADDRESS 5601 S.W. 103 COURT				EET ADDRESS 7-ST-ZIP	20003784	
-	DOCUMENT # NAME STREET ADDRESS					EET ADDRESS	06/10/04010130	03 **228.75
⊢	DITY-ST-ZIP				CII.	Y-ST-ZIP		
	NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS				Y-ST-ZIP	20003784 <sup>06/10/0101013</sup> 0	0792 <del>04 **297.50 -</del>
-	DOCUMENT # NAME	8			STR	EET ADDRESS		
	STREET ADDRESS CITY-ST-ZIP	- ST- ZIP  UMENT #  E				Y-ST-ZIP		
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밁	CITY-ST-ZIP	1			CIT	Y-ST-ZIP		
	DOCUMENT #  NAME  STREET ADDRESS					EET ADDRESS		
Ĺ	CITY-ST-ZIP					Y-ST-ZIP		
	14. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report is true any accurate and that my signature is all here the the receiver or trustee empowered to execute this report as required by Chapter of the receiver of trustee.					emption stated in Se te legal effect as if n Florida Statutes	ction 119.07(3)(i), Florida Statutes. I further nade under oath; that I am a General Partne	certify that the information of the limited partnership or
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME DESIGNING GENERAL PARTNER Date Daytime Phone #								Daytime Phone #
General Partners								