2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001387

1. Entity Name

PARK AVENUE AT METROWEST III, LTD

Principal Place of Business	Mailing Address
359 CAROLINA AVENUE WINTER PARK FL 32789	359 CAROLINA AVENUE WINTER PARK FL 32789

1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-0535800 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOWNING, GRANT T GODBOLD,DOWNING, SHEAHAN & BILL, P.A. 222 WEST COMSTOCK AVENUE STE. 101 WINTER PARK FL 32789	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

11. **FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.**

9. *Capital Contributions* as Shown on record. $7,500.00

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 #		STREET ADDRESS	
NAME	EPI-PARK AVENUE EQUITY, INC.	CITY-ST-ZIP	
STREET ADDRESS	359 CAROLINA AVENUE		
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	000003567129
NAME			05/16/05-80021-017 141.25
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CITY-ST-ZIP			

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: _____ 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #