

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000000331

1. Entity Name
 C/MAX CAPITAL LIMITED PARTNERSHIP - III



FILED

04 APR 23 PM 12:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 515 E. LAS OLAS BLVD., STE: 1020
 FT. LAUDERDALE, FL 33301

Mailing Address
 515 E. LAS OLAS BLVD., STE: 1020
 FT. LAUDERDALE, FL 33301



2. Principal Place of Business

3. Mailing Address

1550 SAWGRASS CPT PKWY

1550 Sawgrass Cpt. PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

230

230

City & State

City & State

SUNRISE, FL

SUNRISE, FL

Zip

Country

Zip

Country

33323

USA

33323

USA

02122004

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0923600

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

WATSON, MARC M
 515 E. LAS OLAS BLVD., STE: 1020
 FT. LAUDERDALE, FL 33301

Name

KEVIN M. WATSON

Street Address (P.O. Box Number is Not Acceptable)

1550 SAWGRASS CPT. PKWY.

230

City
 SUNRISE

FL

Zip Code

33323

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

Signature typed or printed name of registered agent and title if applicable.

DATE

3/8/04

9. Capital Contributions
 as Shown on record. \$5,500,000.00

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 # L00000002040
 NAME C/MAX CAPITAL - III, LLC
 STREET ADDRESS 515 E. LAS OLAS BLVD., STE: 1020
 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

STREET ADDRESS 1550 SAWGRASS CPT PKWY #230
 CITY-ST-ZIP SUNRISE, FL 33323

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STREET ADDRESS
 CITY-ST-ZIP

4/22/04
 [Signature]

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KEVIN WATSON

Date

Daytime Phone #

3/8/04 954.315.6602

STAPLE CHECK HERE