

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A00000000331

**FILED**  
**Mar 28, 2006**  
**Secretary of State**

**Entity Name:** C/MAX CAPITAL LIMITED PARTNERSHIP - III

**Current Principal Place of Business:**

1550 SAWGRASS CPT PKWY  
STE 230  
SUNRISE, FL 33323

**New Principal Place of Business:**

1550 SAWGRASS CPT PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

1550 SAWGRASS CPT PKWY  
STE 230  
SUNRISE, FL 33323

**New Mailing Address:**

1550 SAWGRASS CPT PKWY  
SUNRISE, FL 33323

**FEI Number:** 65-0923600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OBREGON, CARLOS L  
1550 SAWGRASS CPT PKWY  
STE 230  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

WATSON, MARC M  
1550 SAWGRASS CPT PKWY  
SUNRISE, FL 33323 US

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.

**SIGNATURE:** MARC M. WATSON

03/28/2006

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

**Document #:** L00000002040  
**Name:** C/MAX CAPITAL - III, LLC  
**Address:** 1550 SAWGRASS CPT PKWY#230  
**City-St-Zip:** SUNRISE, FL 33323

**ADDRESS CHANGES ONLY:**

**Address:** 1550 SAWGRASS CPT PKWY  
**City-St-Zip:** SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** MARC M. WATSON

P

03/28/2006

Electronic Signature of Signing General Partner

Date