## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007 DOCUMENT # A0000000834 1. Entity Name STILÉS PROPERTY #3 III, LTD. Principal Place of Business Mailing Address 300 S.E. 2ND STREET 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent JONES, PATRICIA C/O STILES CORPORATION 300 S.E. 2ND STREET

**FILED** Apr 20, 2007 08:00 AM Secretary of State



01092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1013445

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE

| FORT LAUDERDALE, FL 33301                                                                                                                                                                                                     |                                                                                                 | IN THIS SPACE                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 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                                                                                                                                                                                                                     |                                                                                                 |                                                                                               |
|                                                                                                                                                                                                                               | FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00                             |                                                                                               |
| 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                                                                     |                                                                                               |
| DOCUMENT #  NAME  STREET ADDRESS  CITY - ST - ZIP                                                                                                                                                                             | P0000050304<br>STILES PROPERTY #3 III, INC.<br>300 S.E. 2ND STREET<br>FORT LAUDERDALE, FL 33301 | 000000721471<br>05/01/07-80146-016 500.00<br>DO NOT WRITE<br>IN THIS SPACE                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           |                                                                                                 |                                                                                               |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           |                                                                                                 |                                                                                               |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                    |                                                                                                 |                                                                                               |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                    |                                                                                                 |                                                                                               |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           |                                                                                                 | ·                                                                                             |
| 14. I hereby o                                                                                                                                                                                                                | certify that the information supplied with this filing does not qualify for the                 | exemptions contained in Chapter 119, 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 report has required by Chapter 620, Florida Statutes

SIGNATURE:

Terry W. Stiles

4/10/07