



2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004

<b>DOCUMENT # A00000000906</b>			
1. Entity Name JACKSONVILLE CONCOURSE III, LTD.			
Principal Place of Business C/O STILES CORPORATION 6400 NORTH ANREWS AVENUE FORT LAUDERDALE FL 33309		Mailing Address 8917 WESTERN WAY, SUITE 6 JACKSONVILLE FL 32256	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State  Zip Country		City & State  Zip Country	
Name and Address of Current Registered Agent  DUKE BRYAN W ESQ. C/O STILES CORPORATION 6400 NORTH ANREWS AVENUE FORT LAUDERDALE FL 33309		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	


FILED  
04 APR 29 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  


MOORE CR2E003 (11/03)

4. FEI Number 65-1013435		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$2,678,111.00		10. Amount of Capital Contributions in FLORIDA to date. \$2,685,222.50	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			

<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GP0000001005 JACKSONVILLE CONCOURSE ASSOCIATES III 8917 WESTERN WAY, SUITE 6 FORT LAUDERDALE FL 33309	STREET ADDRESS CITY-ST-ZIP	700035840527 05/10/04 01125 010 **578.75
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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:  Stephen A. Conn 4/22/04 (904) 363-9002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #