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

SIGNATURE:

May 06, 2005 08:00 AM Secretary of State DOCUMENT # A0000001052 1. Entity Name G.L. HOMES OF PALM BEACH ASSOCIATES III, LTD. Principal Place of Business - Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. CR2E003 (10/04) 1ST MOORE Applied For City & State City & State 4. FEI Number 65-0102051 Not Applicable Zip Zip Country \$8.75 Additional Country X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name G.L. HOMES OF PALM BEACH III CORP. Street Address (P.O. Box Number is Not Acceptable) 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071 Zin 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE DATE See Block 11 instructions for fee info. Signature, typed or primed name of registered agent and title if applicable 10. Amount of Capital Contributions 43,075, 9. Capital Contributions \$3,099,353.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRÉSS CHANGES ONLY 13. 12. P00000061086 DOCUMENT # SEREET ADDRESS G.L. HOMES OF PALM BEACH III CORP. NAME STREET ADDRESS 1401 UNIVERSITY DRIVE, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 DOCUMENT # STREET ADDRESS MALAF 05/06/05-80015-001 535.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # SUPERT ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY ST-7IP 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 eath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes

Maria Menendez, Vice President

FILED

(954) 753-1730

Daytime Phone #