

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A00000001052**

1. Entity Name  
**G.L. HOMES OF PALM BEACH ASSOCIATES III, LTD.**



Principal Place of Business  
**1600 SAWGRASS CORP PKWY, SUITE 300**  
**SUNRISE, FL 33323**

Mailing Address  
**1600 SAWGRASS CORP PKWY, SUITE 300**  
**SUNRISE, FL 33323**

FILED  
07 MAY 18 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007 Chg-LP CR2E003 (12/06)

4. FEI Number

~~65-0102054~~ **65-1020510**

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**

**G.L. HOMES OF PALM BEACH III CORP.**  
**1600 SAWGRASS CORP PKWY, SUITE 300**  
**SUNRISE, FL 33323**

Name

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

City

**FL**

Zip 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.

SIGNATURE \_\_\_\_\_

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

DATE \_\_\_\_\_

**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 #	P00000061086
NAME	G.L. HOMES OF PALM BEACH III CORP.
STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300
CITY-ST-ZIP	SUNRISE, FL 33323

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>500103703565</b>
CITY-ST-ZIP	<b>06/01/07 01017 020 **588.75</b>

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

14. I hereby 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**N. MARIA MENENDEZ, VICE PRESIDENT**

**4/26/07**

**954-753-1730**

Date

Daytime Phone #

STAPLE CHECK HERE