

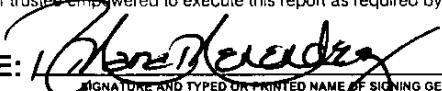


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 4:49

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A01000000163					
1. Entity Name G.L. HOMES OF DAVIE ASSOCIATES III, LTD.					
Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071			Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071		
2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300		3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300			
City & State Sunrise, FL		City & State Sunrise, FL			
Zip 33323	Country USA	Zip 33323	Country USA	4. FEI Number 65-1073707	
6. Name and Address of Current Registered Agent G.L. HOMES OF DAVIE III CORPORATION 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corporate Pkwy, #300 City Sunrise FL Zip Code 33323	
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 4/25/06	
<p align="center">FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00</p> <p align="center">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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P01000009203 G.L. HOMES OF DAVIE III CORPORATION 1401 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071		STREET ADDRESS CITY-ST-ZIP	1600 Sawgrass Corp Pkwy #300 Sunrise, FL 33323	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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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: 			N. MARIA MENENDEZ, VICE PRESIDENT 4/27/06 954-753-1730		



03302006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-1073707

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

STAPLE CHECK HERE