

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 APR 21 PM 3:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # A01000000810

1. Entity Name  
 ACQUIRE III, LLLP

Principal Place of Business  
 155 CRYSTAL BEACH DRIVE, SUITE 200  
 DESTIN, FL 32541

Mailing Address  
 PO BOX 5649  
 DESTIN, FL 32540-5649

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 59-3711755

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent

CASTLE, JACQUE  
 155 CRYSTAL BEACH DRIVE, SUITE 200  
 DESTIN, FL 32541

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. \$19,750.00

10. Amount of Capital Contributions in FLORIDA to date.

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # S08619  
 NAME ACQUIRE CORPORATION  
 STREET ADDRESS 155 CRYSTAL BEACH DRIVE, SUITE 200  
 CITY-ST-ZIP DESTIN, FL 32541

STREET ADDRESS  
 CITY-ST-ZIP ~~400035829684~~  
 05/10/04--01096--030 \*\*227.00

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STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE