


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A01000001684	
1. Entity Name ALLIANCE TITLE SERVICES III, LTD.	

FILED
06 MAY -1 AM 8:45
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789	Mailing Address 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789
--	--

2. Principal Place of Business 1000 LEGION PLACE Suite, Apt. #, etc. 1200 City & State ORLANDO, FL Zip 32801 Country USA	3. Mailing Address 1000 LEGION PLACE Suite, Apt. #, etc. 1200 City & State ORLANDO, FL Zip 32801 Country USA
---	---



04212006 Chg-LP CR2E003 (11/05)

4. FEI Number 80-0003000	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOUTH, J. TODD 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 LEGION PLACE SUITE 1200 City ORLANDO FL 32801
--	---

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
---	------------

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000027798 MILLER, SOUTH & DIMASI, INC. 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789	STREET ADDRESS CITY - ST - ZIP	1000 LEGION PLACE, STE 1200 ORLANDO, FLORIDA 32801
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	400075012534 05/22/06--01004--017 **508.75
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/06

407-539-1638

Date

Daytime Phone #

J. GARY MILLER, PRESIDENT OF MILLER, SOUTH & DIMASI, INC.
GENERAL PARTNER

STAPLE CHECK HERE