


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

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000001684</b> 1. Entity Name <b>ALLIANCE TITLE SERVICES III, LTD.</b>	
--	---

Principal Place of Business <b>1000 LEGION PLACE, SUITE 1200 ORLANDO, FL 32801</b>	Mailing Address <b>1000 LEGION PLACE, SUITE 1200 ORLANDO, FL 32801</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>80-0003000</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SOUTH, J. TODD  
1000 LEGION PLACE, SUITE 1200  
ORLANDO, FL 32801**

**DO NOT WRITE IN THIS SPACE**

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

**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 #	P95000027798
NAME	MILLER, SOUTH & DIMASI, INC.
STREET ADDRESS	1000 LEGION PLACE, SUITE 1200
CITY - ST - ZIP	ORLANDO, FL 32801
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

000000730885  
05/08/07-80038-001 508.75

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:**  **4/16/07** **407-539-1638**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

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

STAPLE CHECK HERE