

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A01999		FILED 05/18/99 2:51 PM TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership GROWTH PROPERTIES OF FLORIDA, LTD. III		DO NOT WRITE IN THIS SPACE	
2. Mailing Address P.O. Drawer 1589 Suite, Apt. #, etc. City & State Gainesville, FL Zip 32602 Country Alachua		3. Principal Office Address P.O. Drawer 1589 Suite, Apt. #, etc. City & State Gainesville, FL Zip 32602 Country Alachua	
4. Date Formed or Registered To Do Business in Florida 05/15/72		5. FID Number 59-1413223 Applied Fee Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		7. State or Country of Formation FL	
8a. Capital Contributions as Shown on Record		FEES: 1) Filing Fee(s) Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
8b. Amount of Capital Contributions in FLORIDA to date			
9. Name and Address of Current Registered Agent SALTER, JAMES D. ESQUIRE 703 N.E. 1st Street Gainesville, FL. 32601		10. If changed, new registered agent office: Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) DATE			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Names of General Partner(s)		11a. Registration Document Number	
GROWTH PROPERTIES, INC.		361157	
Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4428 S.W. 35th Terrace 703 NE 1st St.		City, State and Zip Code Gainesville, FL. 32608 32601 32601 05/03/99-0017-012 ***1026.25 ***1026.25 94	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE James D. Salter, President Typed or Printed Name of General Partner Signing Form JAMES D. SALTER		DATE 04/23/99 Telephone Number 352-376-8201	