


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 4, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000596</b>			
1. Entity Name <b>BUTLER LAND HOLDINGS III, LLLP</b>			
Principal Place of Business <b>10109 LAKE LAMAR COURT JACKSONVILLE, FL 32256</b>		Mailing Address <b>10109 LAKE LAMAR COURT JACKSONVILLE, FL 32256</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc		Suite, Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country
		04262004 Chg-LP CR2E003 (10/03)	
		4. FEI Number <b>01-0675542</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BUCK, BARBARA B 10109 LAKE LAMAR COURT JACKSONVILLE, FL 32256</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and fee, if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$4,163,264.00</b>		10. Amount of Capital Contributions in FLORIDA to date	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P02000042256 W.B.B. ENTERPRISES, INC. 10109 LAKE LAMAR COURT JACKSONVILLE, FL 32256</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>U000000157936 05/07/04-80001-013 526.25</b>
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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: <u>Barbara Buck</u>		4/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE