

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000001387**

1. Entity Name  
**PARK AVENUE AT METROWEST III, LTD**



Principal Place of Business  
**359 CAROLINA AVENUE  
WINTER PARK, FL 32789**

Mailing Address  
**359 CAROLINA AVENUE  
WINTER PARK, FL 32789**



01032006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0535800**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DOWNING, GRANT T  
GODBOLD, DOWNING, SHEAHAN & BILL, P.A.  
222 WEST COMSTOCK AVENUE STE. 101  
WINTER PARK, FL 32789**

**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

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

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**

DOCUMENT # **P99000100241**  
NAME **EPI-PARK AVENUE EQUITY, INC.**  
STREET ADDRESS **359 CAROLINA AVENUE**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

DOCUMENT # **M04000003657**  
NAME **PRUDENTIAL-MN III, LLC**  
STREET ADDRESS **8 CAMPUS DRIVE, 4TH FLOOR**  
CITY-ST-ZIP **PARSIPPANY, NJ 07054**

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CITY-ST-ZIP

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1030001454330  
03/15/06-800114-010 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

1/4/06

Daytime Phone #

STAPLE CHECK HERE