


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001387 1. Entity Name PARK AVENUE AT METROWEST III, LTD	
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Principal Place of Business 359 CAROLINA AVENUE WINTER PARK, FL 32789	Mailing Address 359 CAROLINA AVENUE WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number 05-0535800	Applied For Not Applicable
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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 _____ 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 #	P99000100241
NAME	EPI-PARK AVENUE EQUITY, INC.
STREET ADDRESS	359 CAROLINA AVENUE
CITY-STATE-ZIP	WINTER PARK, FL 32789
DOCUMENT #	M04000003657
NAME	PRUDENTIAL-MN III, LLC
STREET ADDRESS	8 CAMPUS DRIVE, 4TH FLOOR
CITY-STATE-ZIP	PARSIPPANY, NJ 07054
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
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CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/30/07-80043-006 500.00

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: _____ **1/17/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE