

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 24, 2008 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**



01082008 No Chg-LP

CR2E003 (12/06)

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

8. 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, 2008, 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**

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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01/28/08-80041-011-500.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/08

Date

407-644-9055

Daytime Phone #

STAPLE CHECK HERE