## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A02000001387

Entity Name: PARK AVENUE AT METROWEST III, LTD

8 CAMPUS DRIVE, 4TH FLOOR

City-St-Zip: PARSIPPANY, NJ 07054

Address:

FILED Feb 13, 2009 Secretary of State

| Current Principal Place of Business:          |                            |  | New Principal Place of Business:          |                                     |  |
|---|----------------------------|--|---|-------------------------------------|--|
|   | LINA AVENUI<br>ARK, FL 327 |  |   |                                     |  |
| Current Mailing Address:                      |                            |  | New Mailing Address:                      |                                     |  |
|   | LINA AVENUE<br>ARK, FL 327 |  |   |                                     |  |
| FEI Number:                                   | 05-0535800                 | FEI Number Applied For ( )                       | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )   |  |
| Name and Address of Current Registered Agent: |                            |  | Name and Address of New Registered Agent: |                                     |  |
| GODBOLD<br>222 WEST                           |                            | SHEAHAN & BILL, P.A.<br>AVENUE STE. 101<br>39 US |   |                                     |  |
| The above<br>in the State                     |                            | submits this statement for the                   | purpose of changing its registered        | office or registered agent, or both |  |
| SIGNATUR                                      | RE:                        |  |   |                                     |  |
|   | Electron                   | ic Signature of Registered Ag                    | ent                                       | Date                                |  |
| GENERAL PARTNER INFORMATION:                  |                            |  | ADDRESS CHANGES ONLY                      | ADDRESS CHANGES ONLY:               |  |
| Name:<br>Address:<br>City-St-Zip:             | 359 CAROLINA               | NUE FQUITY, INC.<br>AVENUE<br>, FL 32789         | Address:<br>City-St-Zip:                  |                                     |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREG JACOBY G 02/13/2009