

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 JAN 20 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number **41-2090637** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

<b>DOCUMENT # A03000000041</b>			
1. Entity Name <b>FULLERS CROSSING III LTD.</b>			
Principal Place of Business <b>604 S. LAKE SYBELIA DRIVE MAITLAND, FL 32751</b>		Mailing Address <b>604 S. LAKE SYBELIA DRIVE MAITLAND, FL 32751</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>HAMPDEN, EDMUND 604 S. LAKE SYBELIA DRIVE MAITLAND, FL 32751</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$100.00</b>
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P95000039449 TALLMAN CORPORATION 604 S. LAKE SYBELIA DRIVE MAITLAND, FL 32751</b>	STREET ADDRESS CITY-ST-ZIP	<b>000027246266 01/20/04--01005--004 **150.00</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:** *Edmund Hampden Pres.* **EDMUND HAMPDEN** 1/6/04 407-644-9140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Pres., Tallman Corporation* Daytime Phone #

STAPLE CHECK HERE