2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000584

1. Entity Name
TECHNOLOGY INVESTORS III, LLLP

FILED
04 JUL -7 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~% FRANK JAUMOT/AHEARN JASCOT & COMPANY~~ 190 SOUTHEAST 19TH AVENUE POMPANO BEACH, FL 33060	% FRANK JAUMOT/AHEARN JASCOT & COMPANY 190 SOUTHEAST 19TH AVENUE POMPANO BEACH, FL 33060

01262004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 811660
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Boca Raton FL
Zip / Country	Zip: 33481 / Country

4. FEI Number: 65-1189677 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, SUITE 2800 MIAMI, FL 33131	Name: FRANK E. JAUMOT Street Address (P.O. Box Number is Not Acceptable): 190 SE 19th AVENUE City: POMPANO BEACH FL Zip Code: 33060

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: Frank E Jaumot 1/26/04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$1,130,000.00	$1,130,000

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 #	P00000032216	STREET ADDRESS	190 SE 19th AVENUE
NAME	TECHNOLOGY INVESTORS II, INC.	CITY-ST-ZIP	POMPANO BEACH, FL 33060
STREET ADDRESS	~~% 190 SOUTHEAST THIRD AVENUE~~		
CITY-ST-ZIP	~~POMPANO BEACH, FL 33060~~		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500039308775 07/19/04--01067--010 **38.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500039308775 07/19/04--01067--009 **385.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500039308775 07/19/04--01067--011 **52.50
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: CPA 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #