


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 MAR -5 PM 1:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A04000000091	
1. Entity Name PONCE DE LEON INVESTMENTS III, LTD.	

Principal Place of Business 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 US	Mailing Address 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02212008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <u><i>[Signature]</i></u> Pres	DATE <u>2/27/08</u>

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P04000009721 PONCE DE LEON INVESTMENTS III, INC. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	STREET ADDRESS CITY - ST - ZIP	
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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: <u><i>[Signature]</i></u>	DATE <u>2/27/08</u>	DAYTIME PHONE # <u>305-221-2110</u>
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STAPLE CHECK HERE