


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A04000000189</b>			
1. Entity Name <b>THE RICH REAL ESTATE LIMITED PARTNERSHIP #3</b>			
Principal Place of Business <b>7522 ISLA VERDE WAY DELRAY BEACH FL 33446</b>		Mailing Address <b>7522 ISLA VERDE WAY DELRAY BEACH FL 33446</b>	
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

**FILED**

2007 APR 30 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

4. FEI Number	AP-PLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316</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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	RICH, DONALD S 7880 TALAVERA PLACE DELRAY BEACH FL 33446	STREET ADDRESS	400101971724 05/09/07--01045--011 **500.00
NAME		CITY ST ZIP	
STREET ADDRESS		CITY ST ZIP	
CITY-ST-ZIP		STREET ADDRESS	
		CITY ST ZIP	
		STREET ADDRESS	
		CITY ST ZIP	
		STREET ADDRESS	
		CITY ST ZIP	
		STREET ADDRESS	
		CITY ST ZIP	

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

3/21/07

Date

561-445-1054

Courtesy Phone #

STAPLE CHECK HERE