


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A04000000458	
1. Entity Name EL PROGRESO PHASE III, LTD.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 AM 9:42

Principal Place of Business 11710 NW SOUTH RIVER DRIVE, SUITE 216 MEDLEY FL 33178	Mailing Address 11710 NW SOUTH RIVER DRIVE, SUITE 216 MEDLEY FL 33178
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

[Handwritten signature]

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERNANDEZ, IRIS M 11710 NW SOUTH RIVER DRIVE, SUITE 216 MEDLEY FL 33178		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.		11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$425,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 #	P02000017662	STREET ADDRESS	
NAME	EL PROGRESO PLAZA, INC.	CITY-ST-ZIP	
STREET ADDRESS	11710 NW SOUTH RIVER DRIVE, SUITE 216		
CITY-ST-ZIP	MEDLEY FL 33178		
DOCUMENT #		STREET ADDRESS	500048846105
NAME		CITY-ST-ZIP	03/22/05--01021--022 **526.25
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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: <i>[Handwritten signature]</i>	March 2/2005 305-887-9919
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>