

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 4: 28

DOCUMENT # A04000000508

1. Entity Name
HILLSBOROUGH COUNTY ASSOCIATES III, LLLP



Principal Place of Business
1600 SAWGRASS CORP PKWY, SUITE 300
SUNRISE, FL 33323

Mailing Address
1600 SAWGRASS CORP PKWY, SUITE 300
SUNRISE, FL 33323



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

Suite 230

City & State

City & State

Zip

Country

Zip

Country

04162008

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-0997709

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

GRANT, MARK F ESQ
C/O RUDEN, MCCLOSKEY, SMITH, ET AL
200 E BROWARD BLVD, STE 1500
FORT LAUDERDALE, FL 33301

Name

Hillsborough County III Corporation

Street Address (P.O. Box Number is Not Acceptable)

1600 Sawgrass Corp. Pkwy, Suite 230

City

Sunrise

FL

Zip Code

33323

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.

4/27/08

DATE

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
DOCUMENT # P04000052352
NAME HILLSBOROUGH COUNTY III CORP
STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300
CITY-ST-ZIP SUNRISE, FL 33323

13. ADDRESS CHANGES ONLY
STREET ADDRESS 1600 Sawgrass Corp Pkwy, Suite 230
CITY-ST-ZIP Sunrise, FL 33323

DOCUMENT #
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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

RICHARD M. NORWALK

4/29/08

Date

Daytime Phone #

(954) 753-1730

STAPLE CHECK HERE.