

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A04000000551

1. Entity Name

MDC SHOPPES III, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:09

Principal Place of Business
3501 PGA BLVD.
STE 201
PALM BEACH GARDENS FL 33410

Mailing Address
3501 PGA BLVD.
STE 201
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

[Handwritten signature]

1st MOORE

CR2E003 (10/05)

4. FEI Number
14-1908569

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

MENIN, CRAIG
C/O MENIN DEVELOPMENT COMPANIES
3501 PGA BLVD., SUITE 201
PALM BEACH GARDENS FL 33410

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

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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

DOCUMENT # P04000057438
NAME RA GP CORP.
STREET ADDRESS 3501 PGA BLVD., SUITE 201
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

DOCUMENT #
NAME RBJ, LLC
STREET ADDRESS 3501 PGA Blvd, Suite 201
CITY-ST-ZIP Palm Beach Gardens, FL 33410

DOCUMENT #
NAME Craig I. Menin
STREET ADDRESS 3501 PGA Blvd, Suite 201
CITY-ST-ZIP Palm Beach Gardens, FL 33410

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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

1-26-06

561-282-5000

Date

Daytime Phone #

STAPLE CHECK HERE