

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000000954

1. Entity Name
 LEE COUNTY HOMES ASSOCIATES III, LLLP



Principal Place of Business
 1401 UNIVERSITY DRIVE, STE. 200
 CORAL SPRINGS, FL 33071

Mailing Address
 1401 UNIVERSITY DRIVE, STE. 200
 CORAL SPRINGS, FL 33071

2. Principal Place of Business
 1600 Sawgrass Corp Pkwy
 Suite, Apt. #, etc.
 Suite 300

3. Mailing Address
 1600 Sawgrass Corp Pkwy
 Suite, Apt. #, etc.
 Suite 300

City & State
 Sunrise, FL

City & State
 Sunrise, FL

Zip
 33323

Country
 USA

Zip
 33323

Country
 USA

03312006 Chg-LP CR2E003 (11/05)

4. FEI Number
 20-1292701

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, MARK F ESQ
 RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL
 200 EAST BROWARD BLVD., STE. 1500
 FORT LAUDERDALE, FL 33301

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # P04000089641
 NAME LEE COUNTY HOMES III CORPORATION
 STREET ADDRESS 1401 UNIVERSITY DRIVE, STE. 200
 CITY-ST-ZIP CORAL SPRINGS, FL 33071

STREET ADDRESS 1600 Sawgrass Corp Pkwy #300
 CITY-ST-ZIP Sunrise, FL 33323

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DOCUMENT #
 NAME
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 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]

N. MARIA MENENDEZ, VICE PRESIDENT

4/27/06

954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

06 MAY 2006 PM 1:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 TALLAHASSEE, FLORIDA

