

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # A04000000954 1. Entity Name LEE COUNTY HOMES ASSOCIATES III, LLLP	
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Principal Place of Business 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	Mailing Address 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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04202007 Chg-LP CR2E003 (12/06)	
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	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P04000089641 LEE COUNTY HOMES III CORPORATION 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	STREET ADDRESS CITY-ST-ZIP	U000000752534 05/21/07-80020-001 500.00
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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	N. MARIA MENDEZ, VICE PRESIDENT Date	4/26/07 Daytime Phone #	954-753-1730
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STAPLE CHECK HERE