


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 12 AM 10:00

DOCUMENT # A04000001234					
1. Entity Name ASHTON-PALMETTO PALMS III, LTD.					
Principal Place of Business 3493 NW 167TH ST MIAMI, FL 33056			Mailing Address 3493 NW 167TH ST MIAMI, FL 33056		
2. Principal Place of Business		3. Mailing Address			
State, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		04052005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>84-1660777</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEISZ, MICHEL O 9350 S DIXIE HWY, STE 1500 MIAMI, FL 33156			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 _____				DATE _____	
9. Capital Contributions as Shown on record \$7,500.00				10. Amount of Capital Contributions in FLORIDA to date	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> 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 #	P04000108839		STREET ADDRESS		
NAME	ASHTON (FLA) MANAGEMENT III, INC.		CITY - ST - ZIP		
STREET ADDRESS	3493 NW 167TH ST		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33056		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS	L100000331077	
NAME			CITY - ST - ZIP	04/26/05 30002-008 141.25	
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CITY - ST - ZIP			CITY - ST - ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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: _____			4/12/05		1301/624 2899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE