


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000000935 1. Entity Name BUTTERS REAL ESTATE FUND III, LTD.	
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FILED
06 MAY -1 PM 2:37
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 4811 LYONS TECHNOLOGY PARKWAY, STE. 6 COCONUT CREEK, FL 33073	Mailing Address 4811 LYONS TECHNOLOGY PARKWAY, STE. 6 COCONUT CREEK, FL 33073
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2. Principal Place of Business 6820 Lyons Technology Circle, #100 Coconut Creek, FL 33073 <small>City & State</small>	3. Mailing Address 6820 Lyons Technology Circle, #100 Coconut Creek, FL 33073 <small>City & State</small>
Zip Country	Zip Country

04202006 Chg-LP CR2E003 (11/05)

4. FEI Number 11-3755707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BUTTER, MALCOLM
4811 LYONS TECHNOLOGY PARKWAY, STE. 6
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name **Malcolm Butters**
 Street Address (P.O. Box Number is Not Acceptable)
6820 Lyons Technology Circle,
#100
Coconut Creek, FL 33073 **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 *M. BUTTERS* DATE 04/28/06

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 #	L05000047101	STREET ADDRESS	6820 Lyons Technology Circle,
NAME	BUTTERS CAPITAL III, LLC	CITY-ST-ZIP	#100 Coconut Creek, Fl 33073
STREET ADDRESS	4811 LYONS TECHNOLOGY PARKWAY, STE. 6		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		
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CITY-ST-ZIP			

700075018707
05/22/06--01021--003 **500.00

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: *M. BUTTERS* DATE 04/28/06 DAYTIME PHONE # 954-570-4111

STATE USE ONLY HERE