


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

<b>DOCUMENT # A05000002255</b> 1. Entity Name <b>ISLAND HORIZONS HOUSING III LIMITED PARTNERSHIP</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**06 JUL 21 AM 11:37**

Principal Place of Business <b>2335 NORTH BANK DRIVE</b> <b>COLUMBUS, OH 43220</b>	Mailing Address <b>2335 NORTH BANK DRIVE</b> <b>COLUMBUS, OH 43220</b>
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2. Principal Place of Business <b>2335 North Bank Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>2335 North Bank Drive</b> Suite, Apt. #, etc.
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City & State <b>Columbus, OH</b> Zip <b>43220</b> Country <b>USA</b>	City & State <b>Columbus, OH</b> Zip <b>43220</b> Country <b>USA</b>
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07112006	Chg-LP	CR2E003 (11/05)
4. FEI Number <b>20-4006090</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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 _____
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**FILE NOW!!! FEE IS \$500.00**  
**Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	ISLAND HORIZONS HOUSING III, INC	STREET ADDRESS	
NAME	2335 NORTH BANK DRIVE	CITY - ST - ZIP	
STREET ADDRESS	COLUMBUS, OH 43220		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	<b>300078285743</b>
NAME		CITY - ST - ZIP	<b>08/02/06--01065--020 **500.00</b>
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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:** Joseph R. Kasberg **7/11/06** **614-451-2151**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #