


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:23

<b>DOCUMENT # A07000000803</b>					
1. Entity Name <b>JMSB FAMILY PARTNERS III LLLP</b>					
Principal Place of Business <b>8680 HIGHWAY 200 OCALA, FL 34481</b>			Mailing Address <b>8680 HIGHWAY 200 OCALA, FL 34481</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>01212008 Chg-LP CR2E003 (12/06)</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ZACCO, JOHN H 8680 HIGHWAY 200 OCALA, FL 34481</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L07000061125		STREET ADDRESS		
NAME	TOPKNOT ASSET MANAGEMENT, LLC		CITY-ST-ZIP		
STREET ADDRESS	8680 HIGHWAY 200				
CITY-ST-ZIP	OCALA, FL 34481				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: _____			Date <b>4/28/08</b> Daytime Phone # <b>(352) 813-9459</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE



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