

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

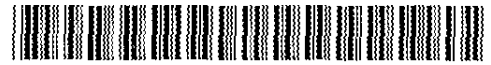
DOCUMENT # A07495

1. Entity Name
J-M PROPERTIES III, LTD.



Principal Place of Business
2019 CENTRE POINTE BLVD., STE. 101
TALLAHASSEE, FL 32308

Mailing Address
2019 CENTRE POINTE BLVD., STE. 101
TALLAHASSEE, FL 32308



2. Principal Place of Business		3. Mailing Address		04072004	Chg-LP	CR2E003 (10/03)
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For	
City & State		City & State		59-1986986	Not Applicable	
Zip	Country	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					
MOTTICE, H. JAY 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308				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 _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record	\$128,037.00	10. Amount of Capital Contributions in FLORIDA to date.	0
---------------------------------------------	---------------------	---------------------------------------------------------	----------

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 #	L14934	STREET ADDRESS	
NAME	FYNE, INC.	CITY-ST-ZIP	
STREET ADDRESS	2019 CENTRE POINTE BLVD., STE. 101		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		
DOCUMENT #		STREET ADDRESS	1100000133288
NAME		CITY-ST-ZIP	04/27/04-80081-004 141.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *[Signature]* **President** **4/12/04** **850-386-2117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Office Phone #