2005 LIMITED PARTNERSHIP ANNUAL REPORT

2005 LIMITED PAR Due By	May 1, 200		AL KEP	ORI F	11	
DOCUMENT # A07495  1. Entity Name J-M PROPERTIES III, LTD.				ORT  05 MAY 19 AM 10: 30  TALLAHASSEE, FLORIDA		
Principal Place of Business  2019 CENTRE POINTE BLVD., STE. 101  TALLAHASSEE, FL 32308  Mailing Address  2019 CENTRE POINTE BI TALLAHASSEE, FL 32308			E. 101			
Principal Place of Business     Address     Address		- (/	15/			
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc.			01052005 Chg-LP	CR2E003 (10/03)	
City & State	City & State			4. FEI Number 59-1986986	Applied For Not Applicable	
Zip Country	Zip	Country	/	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Curre	Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name		
MOTTICE, H. JAY 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308			Street Address (P.O. Box Number is Not Acceptable)			
			City FL Zip Code			
The above named entity submits this statementhe obligations of registered agent.	t for the purpose of changing	j its registered	office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept	
SIGNATURE Signature, typed or printerl name of registered as	ent and title if applicable.				DATE	
9. Capital Contribution: 4 28,037	7 10. Amount of Ca		tions —	×		
				ERED AND ACTIVE WITH TH t must be filed to change a g		
12. GENERAL PARTNER INFORMATION DOCUMENT # L14934		13.		ADDRESS CHA	ANGES ONLY	
NAME   FYNE, INC.   STREET ADDRESS   CITY-ST-ZIP   TALLAHASSEE, FL 32308		STREET CITY-S	ADDRESS T-ZIP	900055657019 06/02/0501030015 **141,25		
DOCUMENT # NAME		STREET	ADDRESS	<u> </u>	U15 **141.25	
STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME		CITY-S	T-ZIP			
		STREET	ADDRESS			
		CITY-S	T- ZIP			
		STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-S	T-ZIP			
DOCUMENT# NAME		STREET	ADDRESS			
NAME  STREET ADDRESS  CITY-ST-ZIP		CITY-S	T-ZIP			
DOCUMENT # NAME		STREET	ADDRESS			
STREET ADDRESS  CITY-SI-ZIP		CITY-S	T-ZIP			
14. I hereby certify that the information supplied indicated on this report is true and accurate the receiver or trustee empowered to execute	and that my signature shall ha	ave the same I	legal effect as if in	ction 119.07(3)(i), Florida Statutes, hade under oath; that I am a Genera	I further certify that the information al Partner of the limited partnership or	
SIGNATURE: SKINATURE AND TYPE	John P. Motta O OR PRINTED NAME OF SIGNING GE		esideni	<b>4/22/05</b> Date	850-386-2117 Daytine Phone #	