

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 PM 1:45**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



<b>DOCUMENT # A07495</b> 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 446 Conradi St. Suite, Apt. #, etc. H107 City & State Tallahassee, FL Zip 32304 Country USA		3. Mailing Address P.O. Box 12579 Suite, Apt. #, etc. City & State Tallahassee, FL Zip 32317 Country USA	
4. FEI Number 59-1986986		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOTTICE, H. JAY 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name John P. Mothie Street Address (P.O. Box Number is Not Acceptable) 446 Conradi St., H107 City Tallahassee FL Zip Code 32304	
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 <b>President, FYNE, Inc., General Partner</b> <span style="float: right;">4/26/06</span> <small>Signature: typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, 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>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L14934 FYNE, INC. 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308	STREET ADDRESS CITY-ST-ZIP	446 Conradi Street, H107 Tallahassee, FL 32304
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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: <b>John P. Mothie, President, FYNE, Inc.</b> <span style="float: right;">4/26/06 850-386-2117</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>			

STAPLE CHECK HERE