## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Name of Limited Partnership	"A11286"	A11286			
CONSOLIDATED CAPITA	AL PROPERTIES III, LTD.		L IESION HEEL MARK HOLD HIJOK	IBINO BINI BIBIN BIB	
Mailing Address ONE INSIGNIA FINANCIAL PLAZA POST OFFICE BOX 1089 GREENVILLE SC 29602	Principal Office Address ONE INSIGNIA FINANCIAL PL GREENVILLE SC 29602	ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29602		5a. Capital Contributions as Shown on record. \$15,530,000.00	
	20 Display Office Address			5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	Za. Principal Office Adoress	2a. Principal Office Address		15,530,000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State	City & State	City & State		\$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. c	Fee Required  If State (See reverse side for fee information)	
9. Name and Addre	ss of Current Registered Agent		10. If changed, new Registered Agent/Office		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name    Street Address (P.O. Box Number Is Not Accepted			
		City		FL Zip Code	
for the purpose of changing its regist	s 620 1051 and 620.192, Florida Statutes, the above-na ered office or registered agent, or both, in the State of the obligations of section 620.192, Florida Statutes.	amed limited partnership Florida. Such change wa	organized or registered under the laws of	the State of Florida, submits this statement	
SIGNATURE (Registered Agent Accepting App		LIMITED DA	DATE DOUBLE OF OTHER		
A GENERAL PARTNER	R THAT IS A CORPORATION MUST BE REGISTERED A	, LIMITED PA IND ACTIVE \	WITH THIS OFFICE.	ER DUSINESS EN III T	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	neral Partner e Box Numbers)	<b>b.</b> City, State & Zip Code	11c. Registration/ Document Number	
CONCAP EQUITIES, INC.	P.O. BOX LO	a financiac	EENVILLE, SC 29682	P35898	
12. I do hereby certify that the information s Corporations from any liability of non-co this annual report is true and accurate a	IAY NOT be changed on this fo supplied with this filling is voluntarily furnished and doe ompliance with Section 119.07(3)(k) in the event that the and that my signature shall have the same legal effects of the change of the c	s not qualify for the exem	option stated in Section 119.07(3)(k), Florida deemed exempt from public access. I furt	a Statutes. I release the Division of her certify that the information indicated on	