

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 30 AM 9:04

1. Name of Limited Partnership

1a. DOCUMENT #
A11286

CONSOLIDATED CAPITAL PROPERTIES III, LTD.



Mailing Address

Principal Office Address

ONE INSIGNIA FINANCIAL PLAZA
POST OFFICE BOX 1089
GREENVILLE SC 29602

ONE INSIGNIA FINANCIAL PLAZA
GREENVILLE SC 29602

3. Date Formed or Registered

09/30/1981

5a. Capital Contributions as
Shown on record.

\$15,530,000.00

3a. Date of Last Report

09/25/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$15,530,000

4. State or Country of Formation

CA

6. FEI Number

94-2653686

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)
\$526.25

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number Is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, etc.:
City: TALLAHASSEE FL Zip Code: 32301

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. Karen B. Rozar, As Its Agent

SIGNATURE (Registered Agent Accepting Appointment)

DATE

12/30/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

CONCAP EQUITIES, INC.

ONE INSIGNIA FINANCIA

GREENVILLE SC 29602

P35898

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-01/05/99--01072--024
***526.25 ***526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 629, Florida Statutes.

SIGNATURE

By: Concac Equities, Inc. General Partner
By: Robert D. Long V.P.

DATE

Typed or Printed Name of General Partner Signing Form

ROBERT D. LONG V.P.

Daytime Telephone Number

864 237-1100

CR2E003 (8/98)