



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 99 MAR -5 AM 10:36	
1. Name of Limited Partnership WINTER PARK BUSINESS CENTER PHASE III, LTD. <i>99-AR EM</i>		1a. DOCUMENT # A17865			
Mailing Address 154 WILSHIRE BOULEVARD CASSELBERRY FL 32707		Principal Office Address 154 WILSHIRE BOULEVARD CASSELBERRY FL 32707		3. Date Formed or Registered 09/17/1984 3a. Date of Last Report 12/15/1997 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record \$904,200.00 5b. Amount of Capital Contributions in FLORIDA to date \$8.75 Additional Fee Required 6. FEI Number 59-2459147 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		9. Name and Address of Current Registered Agent MORLEY, PATRICK M. 154 WILSHIRE BOULEVARD CASSELBERRY FL 32707 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
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) MORELY, PATRICK M. PATRICK MORLEY, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 154 198 WILSHIRE BLVD. 154 198 WILSHIRE BLVD.		11b. City, State & Zip Code CASSELBERRY FL CASSELBERRY FL 591875	
11c. Registration/Document Number 591875 09/24/99-01059-018 ***14125					
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 620, Florida Statutes.					
SIGNATURE Patrick M. Morley		DATE 12/3/98 Daytime Telephone Number 907-331-0095			

CR2E003 (8/98)