

**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 Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

96 NOV -4 AM 11:35

1. Name of Limited Partnership

1a. DOCUMENT #  
**A18127**

**NORTHWOODS III APARTMENTS, LTD.**

Mailing Address

**1055 HILLOREST RD 793 PICCADILLY SQ. DR  
SUITE #2 B  
MOBILE AL 36609**

Principal Office Address

**1055 HILLOREST RD 793 PICCADILLY SQ. DR  
SUITE #2 B  
MOBILE AL 36609**

3. Date Formed or Registered

**10/24/1984**

5a. Capital Contributions as Shown on record.

**\$45,200.00**

3a. Date of Last Report

**11/22/1995**

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

4. State or Country of Formation

**AL**

6. FEI Number

**63-0887394**

☐ 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)

2. Mailing Address

**793 PICCADILLY SQ. DR  
SUITE B**

2a. Principal Office Address

**793 PICCADILLY SQ. DR.  
SUITE B**

City & State

**MOBILE AL**

City & State

**MOBILE AL**

Zip

**36609**

Country

**MOBILE**

Zip

**36609**

Country

**MOBILE**

9. Name and Address of Current Registered Agent

**ANDERSON MANAGEMENT INC  
4041 EAST OLIVE ROAD  
PENSACOLA FL 32504**

10. If changed, new Registered Agent/Office

Name **ANGELA PIERCE**

Street Address (P.O. Box Number Is Not Acceptable)  
**4041 EAST OLIVE RD**

Suite, Apt. #, etc.

City **PENSACOLA**

FL

Zip Code

**32514**

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)

*[Signature]* **Angela E. Pierce** DATE **10/28/96**

**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)

**ANDERSON, ROBERT H.  
KNIGHT, STILLMAN D., JR.**

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

**793 PICCADILLY SQ. DR.  
1055 HILLOREST RD., 3 SUITE-B  
6251 MONROE STREET SU**

11b. City, State & Zip Code

**MOBILE AL 36609 001997299-2  
-11/06/86-01017-015  
DAFNE AL \*\*\*\*455.15 \*\*\*\*459.15**

11c. Registration/Document Number

**ff \$316.75  
Sup \$138.75  
CR 11-4**

**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

*[Signature]* **ROBERT H. ANDERSON**

DATE

**10-14-96  
(334) 343-3388**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)