

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

FILED

98 JAN 12 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # <b>A22190</b>
<b>HARBOR BRIDGE SUGARMILL WOODS III LTD.</b> <i>98-AR CM</i>	



Mailing Address <b>C/O OFFICE AT: 9030 W. FORT ISLAND TRAIL, SUITE 8A CRYSTAL RIVER FL 34429</b>		Principal Office Address <b>C/O OFFICE AT: 9030 W. FORT ISLAND TRAIL, SUITE 8A CRYSTAL RIVER FL 34429</b>	3. Date Formed or Registered <b>03/12/1986</b>	5a. Capital Contributions as Shown on record <b>\$483,000.00</b>
2. Mailing Address		2a. Principal Office Address	3a. Date of Last Report <b>12/23/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>FL</b>	6. FEI Number <b>59-2634379</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country	Zip	Country	

9. Name and Address of Current Registered Agent <b>COHEN, RONALD 9030 W. FORT ISLAND TRAIL, SUITE 8A CRYSTAL RIVER FL 34429</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
<b>PONTICOS, STEVE E.</b>	<b>7 BRYSONIMA COURT WES</b>	<b>HOMOSASSA FL</b>	<b>600002413336--9</b>
<b>MAUGHAN, NELSON W.</b>	<b>44 CYPRESS BLVD WEST</b>	<b>HOMOSASSA FL</b>	<b>-01/27/98--01071--009</b>
<b>SANDERS, JAMES T.</b>	<b>137 DOUGLAS ST</b>	<b>HOMOSASSA FL</b>	<b>****437.50 ****437.50</b>
<b>BARNES, G. MAX</b>	<b>10113 KIMBROUGH DR.</b>	<b>BROOKSVILLE FL</b>	<b>600002413336--9</b>
			<b>-01/27/98--01071--010</b>
			<b>*****88.75 *****88.75</b>

**Not: 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

DATE

*G. Max Barnes* **12/17/97**

Typed or Printed Name of General Partner Signing Form

**G. MAX BARNES**

Daytime Telephone Number

**352-563-1200**

CR2E003 (6/97)