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

99 JAN -5 AM 9:56

1. Name of Limited Partnership

1a. DOCUMENT # A22190

HARBOR BRIDGE SUGARMILL WOODS III LTD.

Mailing Address
C/O OFFICE AT:
9030 W. FORT ISLAND TRAIL SUITE 8A
CRYSTAL RIVER FL 34429

Principal Office Address
C/O OFFICE AT:
9030 W FORT ISLAND TRAIL SUITE 8A
CRYSTAL RIVER FL 34429

3. Date Formed or Registered: 03/12/1986

3a. Date of Last Report: 01/12/1998

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $483,000.00

5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address: P. O. BOX
Suite, Apt #, etc
City & State: CRYSTAL RIVER FL
Zip: 34423 Country: CITRUS

2a. Principal Office Address: 441 N.E. 1ST STREET
Suite, Apt #, etc
City & State: CRYSTAL RIVER FL
Zip: 34429 Country: CITRUS

6. FEI Number: 59-2634379 ☐ 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)

9. Name and Address of Current Registered Agent
COHEN, RONALD
9030 W. FORT ISLAND TRAIL, SUITE 8A
CRYSTAL RIVER FL 34429

10. If changed, new Registered Agent/Office
Name: BARNES AND COHEN CPA'S P.A.
Street Address (P.O. Box Number Is Not Acceptable): 441 N.E. 1ST STREET
Suite, Apt #, etc
City: CRYSTAL RIVER FL Zip Code: 34429

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] 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
PONTICOS, STEVE E.	7 BRYSONIMA COURT WES	HOMOSASSA FL	
MAUGHAN, NELSON W.	44 CYPRESS BLVD WEST	HOMOSASSA FL	
SANDERS, JAMES T.	137 DOUGLAS ST	HOMOSASSA FL	
BARNES, G. MAX	10113 KIMBROUGH DR.	BROOKSVILLE FL	

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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] DATE 12/30/98

Typed or Printed Name of General Partner Signing Form: G. MAX BARNES

Daytime Telephone Number