DOCUMENT # A25172 1. Entity Name							· «*			
PINE TERRACE III LTD.						FILED				
Principal Place of Business 20721 S.W. 46TH AVE, NEWBERRY FL 32669			Mailing Address 20721 S.W. 46TH AVE. NEWBERRY FL 32669-4714			OO MAR 16 PM 3: 26 SECRETARY OF STATE TALLAHASSEE FLORIDA				
2. Principal Place of Business 3. Mailing Address								I BLOJE BIEN DIDN DIDN 1851		
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number	59-2832557		Applied For Not Applicable	
Zip			Zip	Coun	try	<u> </u>	f Status Desired	Fe	8.75 Additional see Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
DAVIS, NORITA V. 20721 S.W. 46TH AVE. NEWBERRY FL 32669					Street Address (P.O. Box Number is Not Acceptable)					
										City
					8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPTOR SEE REVERSE SIDE FOR FEE IN										
4	A (GENERAL PARTNER General Partners M	THAT IS A BUSINESS AY NOT be changed o	ENTITY M	UST BE REGIS ; an amendmer	TERED AND AC	TIVE WITH THIS to change a ger	OFFICE. neral partn	er.	
12.		GENERAL PARTNE		13.			ADDRESS CHA			
DOCUMENT # NAME STREET ADDRESS	DAVIS, NO	DRITA V. / 46TH AVE.			ET ADORESS					
CITY-ST-ZIP		RY FL 32669		CITY	-ST-ZIP	<u> 4</u>				
DOCUMENT # NAME STREET ADDRESS					ET ADDRESS	, 1711		[8 4 3		
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NAME STREET ADDRESS CITY-ST-ZIP				СПҮ	-ST-ZP	<u> </u>	<u> </u>	-		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #										