

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -6 AM 9:58

DOCUMENT # A25172

1. Entity Name
 PINE TERRACE III LTD.



Principal Place of Business
 20721 S.W. 46TH AVE.
 NEWBERRY, FL 32669

Mailing Address
 3111 PACES MILL RD
 SUITE A250
 ATLANTA, GA 30339



2. Principal Place of Business - No P.O. Box #

45153 Brown Street

3. Mailing Address

Suite, Apt. #, etc.

01032007 Chg-LP CR2E003 (12/06)

City & State

Callahan, FL

City & State

4. FEI Number
 59-2832557

Applied For
 Not Applicable

Zip
 32011

Country
 USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SUSAN
 HALLMARK GROUP SERVICES OF FLORIDA LLC
 4040 NEWBERRY ROAD., SUITE 1000
 GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
 NAME DAVIS, NORITA V.
 STREET ADDRESS 20721 SW 46TH AVE.
 CITY-ST-ZIP NEWBERRY, FL 32669

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300088445393
 02/15/07--01037--014 **500.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Susan Adams, Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2207 352-224-2051

Date

Daytime Phone #

STAPLE CHECK HERE