

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**DOCUMENT # A25223** ✓

1. Entity Name

SCHRIMSHER LAND FUND III, LTD. ✓



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -6 AM 10:44

Principal Place of Business

600 EAST COLONIAL DRIVE  
SUITE 100  
ORLANDO FL 32803 ✓

Mailing Address

600 EAST COLONIAL DRIVE  
SUITE 100  
ORLANDO FL 32803 ✓

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2835355 ✓

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRIMSHER, J. STEVEN  
600 EAST COLONIAL DRIVE ✓  
SUITE 100  
ORLANDO FL 32803

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

9. Capital Contributions  
as Shown on record.

\$1,950,000.00 ✓

10. Amount of Capital Contributions  
in FLORIDA to date.

1,950,000.00

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000005938 ✓  
NAME SCHRIMSHER, INC.  
STREET ADDRESS 600 E. COLONIAL DR., #100  
CITY-ST-ZIP ORLANDO FL 32803

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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700032968487  
04/16/04--01054--001 \*\*2105.00

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

J. Steven Schrimsher

4-10-04

409-423-7600

Date

Daytime Phone #

STAPLE CHECK HERE