


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership FLORIDA INCOME FUND III, LIMITED PARTNERSHIP <i>97-AR cus CM</i>		1a. DOCUMENT # A25646	
Mailing Address 13391-MCGREGOR BLVD. SUITE 4- FT. MYERS FL 33919		Principal Office Address 13391-MCGREGOR BLVD. SUITE 4- FT. MYERS FL 33919	
2. Mailing Address 12800 University Drive		2a. Principal Office Address 12800 University Drive	
Suite, Apt. #, etc. Suite 675		Suite, Apt. #, etc. Suite 675	
City & State		City & State	
Zip 33907		Zip 33907	
Country		Country	
3. Date Formed or Registered 12/10/1987		5a. Capital Contributions as Shown on record. \$14,717,000.00	
3a. Date of Last Report 10/27/1995		5b. Amount of Capital Contributions in FLORIDA to date: \$14,717,000.00	
4. State or Country of Formation DE		6. FEI Number 65-0016187 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 RAIMONDI, LAWRENCE A. 13391-MCGREGOR BLVD. SUITE 4- FT. MYERS FL 33919		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive Suite, Apt. #, etc. Suite 675 City FL Zip Code 33907	
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) <i>Lawrence A. Raimondi</i> DATE 10-1-96			
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) MARINER CAPITAL MANAGEM MCD REAL ESTATE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 13391-MCGREGOR BLVD. 12800 University Dr Ste 675 2100 SOCIETY BANK BLD 800 Superior Ave, Ste 2100	11b. City, State & Zip Code FT. MYERS FL 33907 CLEVELAND OH 44114	11c. Registration/Document Number G48184 F93000001186
800002000009--8 -11/08/96--01024--001 ****\$85.00 ****\$85.00			

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

Lawrence A. Raimondi

DATE **10-1-96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

941 481-2011

CR2E003 (6/96)