

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

FILED

98 DEC 31 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A25646

FLORIDA INCOME FUND III, LIMITED PARTNERSHIP

Mailing Address

12800 UNIVERSITY DRIVE
SUITE 675
FT. MYERS FL 33907

Principal Office Address

12800 UNIVERSITY DRIVE
SUITE 675
FT. MYERS FL 33907

3. Date Formed or Registered

12/10/1987

5a. Capital Contributions as
Shown on record.

\$14,717,000.00

3a. Date of Last Report

10/20/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

DE

6. FEI Number

65-0016187

☐ 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)

2. Mailing Address

12800 University Drive
Suite, Apt. #, etc.
260

City & State
Fort Myers, FL

Zip Country
33907

2a. Principal Office Address

12800 University Drive
Suite, Apt. #, etc.
260

City & State
Fort Myers, FL

Zip Country
33907

9. Name and Address of Current Registered Agent

RAIMONDI, LAWRENCE A.
12800 UNIVERSITY DRIVE
SUITE 675
FT. MYERS FL 33907

10. If changed, new Registered Agent/Office

Name
Allen G. Ten Broek
Street Address (P.O. Box Number is Not Acceptable)
12800 University Drive
Suite, Apt. #, etc.
Suite 260
City
Fort Myers
Zip Code
FL 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)

DATE

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)

12800 UNIVERSITY DR.,
800 SUPERIOR AVE., SU

11b. City, State & Zip Code

FT. MYERS FL
CLEVELAND OH

11c. Registration/
Document Number

G48164
F93000001186

100002745231--6
-01/19/99--01003--017
****528.25 ****528.25

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 *L.M. Suszek*

DATE 12/29/98

Typed or Printed Name of General Partner Signing Form

L.M. Suszek

Daytime Telephone Number

941-481-2011

CR2E003 (8/98)