


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

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # A27271			
1. Entity Name CANGO PARTNERS III, A LIMITED PARTNERSHIP			
Principal Place of Business C/O GRANITO 7139 TIMBER DR WINTER PARK FL 32792		Mailing Address C/O GRANITO 7139 TIMBER DR WINTER PARK FL 32792	
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 59-2914509		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent GRANITO, MARGARET P. GRANITO ACCOUNTING SERVICES 7139 TIMBER DR WINTER PARK FL 32792		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date, if applicable.</small>			
9. Capital Contributions as Shown on record. \$435,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 # NAME STREET ADDRESS CITY - ST - ZIP	K40742 J.J.K. COLONIAL DRIVE REALTY DEVELOPMENT C 7139 TIMBER DR WINTER PARK FL	STREET ADDRESS CITY - ST - ZIP	
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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: <i>Joy Chudnoff</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date: <i>2/10/04</i> 4076771974 Daytime Phone #	



MOORE CR2E003 (11/03)

STAPLE CHECK HERE