

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

97 OCT 14 AM 10: 50



1. Name of Limited Partnership

1a. DOCUMENT #  
**A31225**

**DMC APARTMENT FUND III, LTD.**

Mailing Address

6363 WOODWAY, SUITE 1000  
HOUSTON TX 77057-1717

Principal Office Address

6363 WOODWAY, SUITE 1000  
HOUSTON TX 77057-1717

3. Date Formed or Registered

02/25/1991

5a. Capital Contributions as Shown on record.

**\$1,100,000.00**

3a. Date of Last Report

10/29/1996

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

**1,100,000**

4. State or Country of Formation

TX

6. FEI Number

76-0325029

☐ 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)

9. Name and Address of Current Registered Agent

**BAILIN, LAWRENCE J.  
ONE TAMPA CITY CENTER, SUITE 3300  
TAMPA FL 33601**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number)

Suite, Apt. #, etc.

City

**200002322002-1  
-10/16/97-01065-016  
\*\*\*\*541.25 \*\*\*\*541.25**

**FL**

Zip Code

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)

**DMC REALTY INV. GRP I,LP**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**6363 WOODWAY, #1000**

11b. City, State & Zip Code

**HOUSTON TX**

11c. Registration/Document Number

**A31683**

*[Handwritten signature]*  
**10**

**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

*[Handwritten signature: Randall Hurmann]*  
**Randall Hurmann** CFO

DATE

**10/3/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

**713-977-4844**

CR2E003 (6/97)