

2001 UNIFORM BUSINESS REPORT (UBR)

0017220 AF

DOCUMENT # **A31225**

1. Entity Name

DMC APARTMENT FUND III, LTD.

FILED

01 FEB -2 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6363 WOODWAY, SUITE 1000
HOUSTON TX 77057-1717

Mailing Address
6363 WOODWAY, SUITE 1000
HOUSTON TX 77057-1717



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0325029

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,100,000.00

11. MAKE CHECK PAYABLE TO 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 # A31683
NAME DMC REALTY INV. GRP I,LP
STREET ADDRESS 6363 WOODWAY, #1000
CITY-ST-ZIP HOUSTON TX

STREET ADDRESS

CITY-ST-ZIP

400003655114--7
-02/06/01--01113--014
***526.25 ***526.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

Handwritten signature: Randall Husmann 1/23/01 713 570 0312

CR2E003 (11/00)