



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:44

DOCUMENT # A31225 1. Entity Name DMC APARTMENT FUND III, LTD.					
Principal Place of Business 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057-1717				Mailing Address 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057-1717	
2. Principal Place of Business - No P.O. Box # 3411 RICHMOND AVE Suite, Apt. #, etc. SUITE 200 City & State HOUSTON TX Zip 77046		3. Mailing Address 3411 RICHMOND AVE Suite, Apt. #, etc. SUITE 200 City & State HOUSTON TX Zip 77046			
4. FEI Number 76-0325029				Chg-LP CR2E003 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
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		STREET ADDRESS	3411 RICHMOND AVE SUITE 200	
NAME	DMC REALTY INV. GRP I,LP		CITY-ST-ZIP	HOUSTON TX 77046	
STREET ADDRESS	6363 WOODWAY, #1000		400123067714 04/11/08--01044--018 **500.00		
CITY-ST-ZIP	HOUSTON, TX				
DOCUMENT #					
NAME					
STREET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT #			CITY-ST-ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT #			CITY-ST-ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT #			CITY-ST-ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **TOM CALTAGIRONE** 18 MARCH 2008 832.209.1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CHIEF OPERATING OFFICER OF DMC REALTY INV. GRP I LTD.
GENERAL PARTNER