

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A32132</b> 1. Entity Name <b>GATEWAY TAX CREDIT FUND III LTD.</b>					
Principal Place of Business <b>880 CARILLON PARKWAY          ST. PETERSBURG, FL 33716</b>			Mailing Address <b>PO BOX 12749          ST. PETERSBURG, FL 33733-2749</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3090386</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>RAYMOND JAMES TAX CREDIT FUNDS, INC.          880 CARILLON PARKWAY          ST. PETERSBURG, FL 33716</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$50,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	J96725		STREET ADDRESS	000000355521	
NAME	RAYMOND JAMES TAX CREDIT FUNDS, INC.		CITY-ST-ZIP	05/11/05-80005-002 526.25	
STREET ADDRESS	880 CARILLON PARKWAY				
CITY-ST-ZIP	ST. PETERSBURG, FL				
DOCUMENT #	J96712		STREET ADDRESS		
NAME	RAYMOND JAMES PARTNERS, INC.		CITY-ST-ZIP		
STREET ADDRESS	880 CARILLON PARKWAY				
CITY-ST-ZIP	ST. PETERSBURG, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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)(f), 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.					
<b>SIGNATURE: Carol Georges</b> <b>Carol Georges, Vice President, RJTCF Inc. 727-567-1000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE