

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A32132**

1. Entity Name  
**GATEWAY TAX CREDIT FUND III LTD.**



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 22 AM 10:39

Principal Place of Business  
**880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716**

Mailing Address  
**PO BOX 12749  
ST. PETERSBURG, FL 33733-2749**



**DO NOT WRITE IN THIS SPACE**

02262008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3090386**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RAYMOND JAMES TAX CREDIT FUNDS, INC.  
880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716**

**DO NOT WRITE  
IN THIS SPACE**

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

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

**900124871629**  
**04/21/08--01040--014 \*\*500.00**  
DATE

**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**

DOCUMENT # **J96725**  
NAME **RAYMOND JAMES TAX CREDIT FUNDS, INC.**  
STREET ADDRESS **880 CARILLON PARKWAY**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

DOCUMENT # **J96712**  
NAME **RAYMOND JAMES PARTNERS, INC.**  
STREET ADDRESS **880 CARILLON PARKWAY**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

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IN THIS SPACE**

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:**

*Boethius H. Roelke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-24-08**

Date

**727-567-1684**

Daytime Phone #