

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

12/20
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 17 PM 1:09

1. Name of Limited Partnership
1a. DOCUMENT #
A32493

REAL EQUITIES LIMITED PARTNERSHIP III



Mailing Address C/O WENZEL INVESTMENT COMPANY 80 S.W. 8TH STREET, SUITE 2800 MIAMI FL 33130		Principal Office Address C/O WENZEL INVESTMENT COMPANY 80 S.W. 8TH STREET, SUITE 2800 MIAMI FL 33130		3. Date Formed or Registered 01/23/1992	5a. Capital Contributions as Shown on record \$1,055,500.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
City & State		City & State		6. FEI Number 65-0309364 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$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 WENZEL, PETER 80 S.W. 8TH STREET, #2800 MIAMI FL 33130	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WENZEL INVESTMENT CO.	80 S.W. 8TH ST., #280	MIAMI FL	652548
LUCRINVEST CORP.	2801 PONCE DE LEON BL	CORAL GABLES FL 33134	M60369
MIAMINVEST CORP.	80 S.W. 8TH ST., #280	MIAMI FL	S92895

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 _____ DATE **12-11-96**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **305 576-2200**

CR2E003 (6/96)