

2001 UNIFORM BUSINESS REPORT (UBR)

0003992 AF

DOCUMENT # A32493

1. Entity Name

REAL EQUITIES LIMITED PARTNERSHIP III

FILED

Principal Place of Business

2801 FLORIDA AVE., STE. 14
COCONUT GROVE FL 33133

Mailing Address

2801 FLORIDA AVE., STE. 14
COCONUT GROVE FL 33133

01 MAR 5 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0309364

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENZEL, PETER
2801 FLORIDA AVE., STE. 14
COCONUT GROVE FL 33133

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.

\$1,055,500.00

10. Amount of Capital Contributions in FLORIDA to date.

0

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 # **652548**
NAME **WENZEL INVESTMENT CO.**
STREET ADDRESS **2801 FLORIDA AVE., STE. 14**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **M60369**
NAME **LUCRINVEST CORP.**
STREET ADDRESS **2801 PONCE DE LEON BLVD., SUITE 850**
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS **100003888211--3**
CITY-ST-ZIP **-03/20/01--01057--005**
******141.25 ****141.25**

DOCUMENT # **S92895**
NAME **MIAMINVEST CORP.**
STREET ADDRESS **2801 FLORIDA AVE., STE. 14**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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)(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 REQUIRED

3/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)