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

1. Name of Limited Partnership

DOCUMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIO

97 JAN 13 PM 1: 45



	A33030						
EALTY OPPORTUNITY INCOME FUND III, LTD.							
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record. \$100.00 5b. Amount of Capital Contributions in FLORIDA to date:			
3250 MARY STREET, SUITE 306 MIAMI FL 33133	3250 MARY STREET. SUITE 306 MIAMI FL 33133		06/16/1992				
minui (E 30133	MINIME I E 00100		3a. Date of Last Report 01/02/1996				
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation				
Suite, Apt #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable			
City & Stale	City & State		7. Certificate of Status Desired	\$8.75 Additional			
Zip Country	Zip .	Country	Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information				
9. Name and Address	of Current Registered Agent		10. If changed, new Registers	ed Agent/Office			
STEINFURTH, PAUL C.		Name					
3250 MARY STREET		Street Address (P.O. Box Number Is Not Acceptable)					
SUITE 306		Suite, Apt. #, etcU1/14/3(U1123UU1					
MIAMI FL 33133		City	000.00 ****156.25 FL Zip Code				
for the purpose of changing its registere agent. I am familiar with, and accept the	20 1051 and 620 192, Florida Statutes, the above-name ad office or registered agent, or both, in the State of Flore obligations of section 620.192, Florida Statutes.			reby accept the appointment of registered			
SIGNATURE (Registered Agent Accepting Appoi	THAT IS A CORPORATION, I MUST BE REGISTERED AN	LIMITED PAR	TNERSHIP OR OTHI				
11, Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B			11c. Registration/ Document Number			
REALTY CAPITAL, INC.	3250 MARY ST., STE 30) N	IIAMI FL	L05156			
				45 156.70 CX1-3			
Note: General partners M/	AY NOT be changed on this form	n: an amendm	ent must be filed to ch	nange a general partner.			

12. I do hereby certify that the information supplied with this filling 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 by chapter 620, Florida Statutes. empowered to execute this report as requi

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Typed or Printed Name of General Partner Signing Form