



FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</b>  98 JAN 16 PM 1:28  	
1. Name of Limited Partnership		1a. DOCUMENT # <b>A33056</b>					
REALTY OPPORTUNITY INCOME FUND III, LTD.							
Mailing Address  3250 MARY STREET, SUITE 306 MIAMI FL 33133		Principal Office Address  3250 MARY STREET, SUITE 306 MIAMI FL 33133		3. Date Formed or Registered  06/16/1992		5a. Capital Contributions as Shown on record.  \$100.00	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report  01/13/1997		5b. Amount of Capital Contributions in FLORIDA to date.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation  FL			
City & State		City & State		6. FEI Number  65-0348155		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired  FL		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		10. If changed, new Registered Agent/Office	
STEINFURTH, PAUL C. 3250 MARY STREET SUITE 306 MIAMI FL 33133		Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL Zip Code	

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
REALTY CAPITAL, INC.	3250 MARY ST., STE 30	MIAMI FL	L05156
800002406549--3 -01/21/98--01055--004 ***4890.00 ***150.00			
5250 88.75 8.75 du			

**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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)