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

LIMITED PARTNERSHIP ANNUAL REPORT

1997

1. Name of Limited Partnership



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED

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SECNETARY OF STATE
TALLAMASSEE, FLORIDA



	A9200000	A9200000213				
T. JOHN HOUSING LIN	MITED PARTNERSHIP III	an at		0	E6 0	
Mailing Address P.O. BOX 015344 MIAMI FL 33101-5344	Principal Office Address P.O. BOX 015344 MIAMI FL 33101-5344		3. Date Formed or Registered 12/28/1992	5a. Capital Contributions as Shown on record \$101.00 5b. Amount of Capital Contributions in FLORIDA		
MIRMI FL SSIUI-SSAY	MIAMI FL 33101-3344		3a. Dale of Last Report 09/25/1995			
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		\$101.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0390527	Applied For Not Applicable		
City & State	City & State		7. Certilicate of Status Desired	[X]	\$8.75 Additional	
Zip Country	Zıp	Country	8. Make check payable to Dept. o	l State (See revers	Fee Required e side for lea information	
Q Name and Address	ss of Current Registered Agent	T	10. If changed, new Registera	ed Agent/Office		
ST. JOHN HOUSING CORPORATION III, INC. 1324 N.W. 3RD AVENUE		Name				
		Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33136		Suite, Apt #, etc				
		City		E1 2	lip Code	
for the purpose of changing its regist agent. I am familiar with, and accept SIGNATURE (Registered Agent Accepting Ap	R THAT IS A CORPORATION, L	ida Such change was a	DATE TNERSHIP OR OTHE	eby accept the ap	pointment of registered	
11. Name(s) of General Partner(s)	MUST BE REGISTERED AN 11a. (Do NOT Use Post Office Bo		City, State & Z p Code	11c.	Registration/	
ST. JOHN HOUSING CORPOR			MIAMI FL 33136		P92000013790	
•			300001 -10/15 ****2	9744; 796011! 00.00 **	231 50013 ***200.00	

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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fronda 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 to e and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted cute this report as required by chapter 620, Florida Statutes

SIGNATURE

Typed or Printed Name of General Partner Signing Form

JOHNATE L. KING, PRESIDENT

Daytime Telephone Number