

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 23 PM 1:19



1. Name of Limited Partnership ST. JOHN HOUSING LIMITED PARTNERSHIP III		1a. DOCUMENT # A92000000213	
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
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 03/09/1998	5b. Amount of Capital Contributions in FLORIDA to date
City & State	City & State	4. State or Country of Formation FL	6. FEI Number 65-0390527
Zip	Country	7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent ST. JOHN HOUSING CORPORATION III, INC. 1324 N.W. 3RD AVENUE MIAMI FL 33136	10. If changed, now Registered Agent/Office 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) ST. JOHN HOUSING CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1324 N.W. 3RD AVENUE	11b. City, State & Zip Code MIAMI FL 33136	11c. Registration/Document Number P92000013790
2000002795202--5 -03/05/99--01003--018 ****150.00 ****150.00 3-99			

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

Johnnie L. King
JOHNNIE L. KING

DATE

FEB 18, 99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 305-751-4417

CR2E003 (12/98)