

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A92000000213

1. Entity Name
ST. JOHN HOUSING LIMITED PARTNERSHIP III



Principal Place of Business Mailing Address
P.O. BOX 015344 P.O. BOX 015344
MIAMI, FL 33101-5344 MIAMI, FL 33101-5344

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02242005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0390527 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ST. JOHN HOUSING CORPORATION III, INC.
1324 N.W. 3RD AVENUE
MIAMI, FL 33136

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$101.00 10. Amount of Capital Contributions in FLORIDA to date.

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 #	P92000013790	STREET ADDRESS	
NAME	ST. JOHN HOUSING CORPORATION III	CITY-ST-ZIP	
STREET ADDRESS	1324 N.W. 3RD AVENUE		
CITY-ST-ZIP	MIAMI, FL 33136		
DOCUMENT #		STREET ADDRESS	1100000267725
NAME		CITY-ST-ZIP	03/18/05-80015-006 150.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Johnnie L. King **JOHNNIE L. KING** 03/07/05 305-751-4417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #