


**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 P.O. BOX 015344 MIAMI, FL 33101-5344	Mailing Address P.O. BOX 015344 MIAMI, FL 33101-5344
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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 65-0390527	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ST. JOHN HOUSING CORPORATION III, INC. 1324 N.W. 3RD AVENUE MIAMI, FL 33136
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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.
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P92000013790 ST. JOHN HOUSING CORPORATION III 1324 N.W. 3RD AVENUE MIAMI, FL 33136	STREET ADDRESS CITY-ST-ZIP	
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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 JOHNIE L. KING 03/07/05 305-751-4417  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE