

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009741 AT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number 65-0390527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

DATE

9. Capital Contributions as Shown on record. \$101.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
NAME ST. JOHN HOUSING CORPORATION III
STREET ADDRESS 1324 N.W. 3RD AVENUE
CITY-ST-ZIP MIAMI FL 33136

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/09/03

305-751-4417

Date

Daytime Phone #

CR2E003 (10/02)