

2002 UNIFORM BUSINESS REPORT (UBR)

CR2E003 (9/01)

DOCUMENT # A93000000471

1. Entity Name
HOMESTEAD III ASSOCIATES, LTD.

Principal Place of Business Mailing Address
645 N.W. 62ND STREET, SUITE 300 **645 N.W. 62ND STREET, SUITE 300**
MIAMI FL 33131 **MIAMI FL 33131**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 FEB 11 PM 2:03



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number Applied For
65-0483081 Not Applicable

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

6. Name and Address of Current Registered Agent

~~WOLFE, LEON J ESQ.~~
~~100 SE 2ND ST~~
~~38TH FL~~
~~MIAMI FL 33131-2190~~

7. Name and Address of New Registered Agent

Name **CAROL GARDNER**
 Street Address (P.O. Box Number is Not Acceptable)
645 N.W. 62nd Street
Suite 300
 City **Miami** FL Zip Code **33150**

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.

SIGNATURE *Carol Gardner* **VICE PRESIDENT** DATE **1/10/02**

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

9. Capital Contributions as Shown on record **\$1,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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	
DOCUMENT #	A94000000869
NAME	RT HOMESTEAD ASSOCIATES, LTD.
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE
CITY-ST-ZIP	MIAMI FL 33150
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000004925410--5
CITY-ST-ZIP	-02/14/02--01040--019
	****150.00 ****150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Doreno Simmons* **DORENO SIMMONS** 1/16/02 305/757-3737

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