

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED *km*

2007 APR 30 AM 10:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A93000000471

1. Entity Name
 HOMESTEAD III ASSOCIATES, LTD.



Principal Place of Business 60 COLUMBUS CIRCLE 19TH FLOOR NEW YORK, NY 10023 US	Mailing Address 60 COLUMBUS CIRCLE 19TH FLOOR NEW YORK, NY 10023 US
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01182007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0483081	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> 10	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	A94000000669
NAME	RT HOMESTEAD ASSOCIATES, LTD.
STREET ADDRESS	60 COLUMBUS CIRCLE
CITY-ST-ZIP	NEW YORK, NY 10023
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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 05/08/07--01051--005 **508.75

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark Carbone 4/20/07 202-421-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

By: MARK CARBONE, Authorized Person