

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -1 AM 9:21

DOCUMENT # A93000001459				
1. Entity Name EUCHRE GROUP III, LTD.				
Principal Place of Business 1708 CAPE CORAL PKWY. WEST CAPE CORAL, FL 33914		Mailing Address 1708 CAPE CORAL PKWY. WEST CAPE CORAL, FL 33914		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Country		4. FEI Number 01052005 Chg-LP CR2E003 (10/03)
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
BRIGANDS RESTAURANT, INC. 1708 CAPE CORAL PKWY W CAPE CORAL, FL 33914			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$992,375.00		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 #	P99000096707	STREET ADDRESS		
NAME	BRIGANDS RESTAURANT, INC.	CITY-ST-ZIP	400056403924	
STREET ADDRESS	1708 CAPE CORAL PKWY., WEST		06/21/05--01067--012 **526.25	
CITY-ST-ZIP	CAPE CORAL, FL 33914			
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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: <i>William A. Maha</i>		Pres of GP		4/26/05 239-337-3247
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE