<b>200</b> 0	UNIFORM BUS	INESS REPO	ŖT (	UBR)				
DOCUMENT # A940000017  1. Entity Name  GROSVENOR PARK III LIMITED PARTNERSHIP				_	SEC	FILED RETARY OF STATE IN OF CORPORATION	_	
GROSVE	NON FARK III LIMITED FARTNER	Snir			1			
Principal Place of Business  2401 PGA BLVD.  SUITE 280  PALM BCH GARDENS FL 33410  Mailing Address  2401 PGA BLVD.  SUITE 280  PALM BCH GARDENS FL 33410		33410-351	6		)N 14 PM 1:33			
2. Principal Place of Business 3. Mailing Address						(1818) Bigil 1881) Balif Balif Balif Balif	61() 861() 6810) 1181 1881 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	NOT APPLICABLE	Applied For Not Applicable		
Zip	Country	Zip	Country	у	5. Certificate of Sta		\$8.75 Additional	
	6. Name and Address of Current	Pegistered Agent	<u> </u>		7. Name and Addu	ress of New Registered A		
	o. Name and Address of Odifern	registered Agent	1	Name				
HAMILTON, THOMAS			_		Manager /PO Box Number is Not Acceptable)			
2401 PGA BLVD.				Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Boulevard				
SUITE 280				Suite 280				
PALM BCH. GARDENS FL 33410				City Palm Beach Gardens FL Zin Code 33410				
8. The above	named entity submits this statement for	or the purpose of changing its	registered	d office or regist	ered agent, or both, in t	the State of Florida.		
SIGNATURE .	1 241/		1	Agent signature requi		DATE		
9. Capital Co	1-70 T	10. Amount of Capit		tions	11	1. MAKE CHECK PAYABLE	TO DEPT. OF STATE	
as Shown	on record.	in FLORIDA to d	late.	<b>\$</b> 1	0.00	SEE REVERSE SIDE FOI		
	A GENERAL PARTNER 1 NOTE: General Partners MA	THAT IS A BUSINESS EN	ITITY MU he form:	IST BE REG!: an amendme	STERED AND ACTIVENT MUST be filed to	VE WITH THIS OFFICE change a general part	iner.	
12.	GENERAL PARTNE		13.			ADDRESS CHANGES ONL		
DOCUMENT#	P34894		curre.	TADORESS			·-	
NAME	HALMISH MANAGEMENT CORP	ORATION	SINCE					
STREET ADDRESS CITY - ST - ZIP	2401 PGA BLVD. STE. 280   PALM BCH GARDENS FL 33477	•	CITY-S	ST-ZIP				
DOCUMENT #			STREET	TADDRESS				
STREET ADDRESS CITY+ST-ZIP			CITY-S	ST-ZIP				
DOCUMENT #			•		SIN	10032978	3152	
				TADDRESS	500	00032978 -06/20/0001 ****141.25	3152 1073-025 ****141.25	
NAME STREET ADDRESS				T ADDRESS	500	00032973 -06/20/0001 ****141.25	3152 1073-025 *****141.25	
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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)(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