

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500-PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 PM 3:29

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001741

OLSEN FAMILY PARTNERSHIP III, LTD.



Mailing Address

Principal Office Address

P.O. BOX 10,000
CRYSTAL RIVER FL 34423

6130 WEST CORPORATE OAKS DRIVE
CRYSTAL RIVER FL 32629

3. Date Formed or Registered

12/15/1994

5a. Capital Contributions as Shown on record.

\$169,821.00

3a. Date of Last Report

01/02/1998

5b. Amount of Capital Contributions in FLORIDA to date:

\$ 241,442.00

4. State or Country of Formation

FL

6. FEI Number

59-3328236

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

526.25

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

OLSEN, STANLEY C
6130 W. CORPORATE OAKS DR.
CRYSTAL RIVER FL 32629

Name

Street Address (P.O. Box Number is not acceptable) **000002739060--8**

Suite, Apt. #, etc.

~~01/13/99 01009 020~~

~~***1027.59 ***526.25~~

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

MEADOWCREST DEVELOPMENT, INC

6142 WEST CORPORATE O

CRYSTAL RIVER FL 3262

H68090

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

DEC 18 1998

Typed or Printed Name of General Partner Signing Form Stanley C. Olsen

Daytime Telephone Number 352-746-4000

CR2E003 (8/98)