

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001741



1. Entity Name
OLSEN FAMILY PARTNERSHIP III, LTD.

FILED
03 JUN 24 PM 12: 54

Principal Place of Business
**2600 W. BLACK DIAMOND CIRCLE
LECANTO FL 34461**

Mailing Address
**P.O. BOX 10000
CRYSTAL RIVER FL 34423**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3328236	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		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				
OLSEN, STANLEY C 2600 W. BLACK DIAMOND CIRCLE LECANTO FL 34461			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$241,442.00	10. Amount of Capital Contributions in FLORIDA to date. 241,442.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	H68090 MEADOWCREST DEVELOPMENT, INC. 1506 N. MEADOWCREST BLVD. CRYSTAL RIVER FL 34429	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	700018472207 05/18/03--01006--016 **52.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	700018472207 06/24/03--01015--002 **473.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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: SIC [Signature] RESTWELL@dcn 2-17-03 352-746-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRE003 (10/02)

STAPLE CHECK HERE