FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

WATERMARK-KLEMOW GROUP III, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

na. DOCUMENT # **A94000001840** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 15 AM 11:01



Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
2001 W. SAMPLE ROAD.S	2001 W. SAMPLE ROAD.SUITE 320 POMPANO BEACH FL 33064		\$1,165,000.00	
POMPANO BEACH FL 330				
	•	12/17/1996	5b. Amount of Capital Contributions in FLORIDA	
		4. State or Country of Formation	Contributions in FLORIDA to date:	
2a. Principal Office Add	dress	FL	106,003	
Suite, Apt. #, etc.		6. FEI Number		
City & State		65-0542399	Applied For Not Applicable	
		7. Certificate of Status Desired	\$8.75 Additional	
Zip	Country	R Make shock naveble to: Doot of	Fee Required	
		D. Make Check payable to. Dept. of	State (See reverse side for lee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
	Name			
SCHWARTZ, DAVID A ESQ. 8181 WEST BROWARD BLVD., SUITE 204		Street Address (P.O. Box Number Is Not Acceptable)		
	Suite, Apt. #, etc	Suite, Apt. #, etc.		
	City	, , , , , , , , , , , , , , , , , , ,	FL Zip Code	
ce or registered agent, or both, in the St	ate of Florida. Such change w		ne State of Florida, submits this statement	
t) ,		DATE		
	2001 W. SAMPLE ROAD.S POMPANO BEACH FL 33X 28. Principal Office Add Suite, Apt. #, etc. City & State Zip Prent Registered Agent 1 and 620 192, Florida Stalutos, the abcoor registered agent, or both, in the St	2001 W. SAMPLE ROAD.SUITE 320 POMPANO BEACH FL 33064 28. Principal Office Address Suite, Apt. #, etc. City & State Zip Country Prent Registered Agent Name Street Address (Suite, Apt. #, etc. City 1 and 620 192, Florida Statutos, the above-named limited partnership	20.1 W. SAMPLE ROAD.SUITE 320 POMPANO BEACH FL 33084 2a. Principal Office Address 2a. Principal Office Address City & State City & State City & State 7. Certificate of Status Desired 8. Make check payable to: Dept. of Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 1 and 620 192, Florida Statutos, the above-named limited partnership organized or registered under the laws of the por or registered agent. or both, in the State of Florida Such change was authorized by its general partner(s). I hen	

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

MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number		
WILKURT, INC.	10191 WEST SAMPLE ROA	CORAL SPRINGS FL 3306	P94000048328		
HARJOR, INC.	10191 WEST SAMPLE ROA	CORAL SPRINGS FL 3306	P94000048327		
		400002 12/18	3769447 29701103010		

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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), F forida Statutos. 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 first my signature shall have the same legal effects as if made under eath. 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

JORDAN KLEMOW

DATE 12-12-97

(16/0) 5003500