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

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

FILED.

ANNUAL REPORT 1998	Sandra B. Mortham Sccretary of State DIVISION OF CORPORATIONS		DIVISION OF CORPORATIONS		
1. Name of Limited Partnorship	1a. DOCUMENT # A9400001864		97 DEC 19 PH 2: 19		
OPPEL PARTNERS/APARTN	MENTS, LTD. III] 1		
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capita Show	al Contributions as n on record
7900 Glades Road, Suite 420 Boca Raton Fl 83434	7900 GLADES ROAD. SUITE 420 BOCA RATON FL 33434		12/29/1994 3a. Date of Last Roport	\$2,447,952.00 5b. Amount of Cepital Contributions in FLORIDA to date:	
			12/26/1996 4. State or Country of Formation		
2. Malling Address	2a. Principal Office Address		FL	2,447,952.00	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 65-0561378		Applied For
City & State Zip Country	City & State Zip Country		7. Certificate of Status Desired		\$8.75 Additional Foo Required
			8. Make check payable to: Dept. of	State (See rev	erse side for fee information
9. Name and Address of Curi	rent Registered Agent	Name	10. If changed, new Registere	d Agent/Office	
TOPPEL, JONATHAN 7900 GLADES ROAD, SUITE 420		Street Address (P.O. Box Number Is Not Acceptable)			
BOCA RATON FL 33434		Suite, Apt. #, etc.	2.		
		City		FL	Zip Codo
10a. Pursuant to the provisions of sections 620.1061 for the purpose of changing its registered office agent. I am familiar with, and accopt the obliga SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	o or registered agent, or both, in the State of Fic tions of section 620, 192, Florida Statutes.	urida Such change was a	authorized by its general partner(s). I hore DATE TNERSHIP OR OTHE	oby accept the	appointment of registered
11. Name(s) of General Partnor(s)	11a. Address of Each Gener	at Dantage		11c.	Registration/ Document Number
TOPPEL, HAROLD	7900 GLADES ROAD, SL	II ВО	DCA RATON FL 33434		
			500002 -12/30 *****5	385; 737-0; 41.25	275-4 1011-025 ****541.25
	ļ				
Note: General partners MAY NO	OT be changed on this form	n; an amendm	ent must be filed to cha	ange a a	eneral partner.
12. I do hereby certify that the information supplied will Corporations from any liability of non-compliance	ith this filing is voluntarily furnished and does n	ot qualify for the exempti	on stated in Section 119.07(3)(k), Florida	Statutes. I relo	ase the Division of

this annual report is true and accurate and that my signature shall have the same logal 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 ____

Typed or Printed Name of General Partner Signing Form

TOPPE

DATE 12/9/97

Daytime Telephone Number 561 451-4696