


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A95000000109			
1. Entity Name FIRST EQUITABLE REALTY III, LTD.			
Principal Place of Business 7601 EAST TREASURE DRIVE, SUITE 1701 NORTH BAY VILLAGE, FL 33141		Mailing Address 7601 EAST TREASURE DRIVE, SUITE 1701 NORTH BAY VILLAGE, FL 33141	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

2007 APR 30 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01192007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0549836		Applied For Not Applicable	
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	
<i>James R. Edwards</i> <i>Kim Pinillos</i> <i>7601 East Treasure Drive</i> <i>North Bay Village Fla</i>		Name <i>James R. Edwards</i> Street Address (P.O. Box Number is Not Acceptable) <i>7601 E Treasure Drive Suite 1709</i> <del><i>North Bay Village</i></del> City <i>North Bay Village</i> FL Zip Code <i>33141</i>	

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 *James Edwards*

Signature, typed or printed name of registered agent and title if applicable.

4/21/07

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	P95000004323	STREET ADDRESS	
NAME	FIRST EQUITABLE REALTY III, INC.	CITY-ST-ZIP	
STREET ADDRESS	7601 EAST TREASURE DRIVE, STE 1701		
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141		
DOCUMENT #		STREET ADDRESS	300101244413
NAME		CITY-ST-ZIP	05/02/07 01054 020 **500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Charles C. Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE