

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR 23 PM 4: 06



1. Name of Limited Partnership	1a. DOCUMENT # <b>A95000000440</b>
--------------------------------	---------------------------------------

MAHONE DEVELOPMENT III, LTD.

Mailing Address P.O. BOX 8187 ROANOKE VA 24014	Principal Office Address % MAHONE DEVELOPMENT II, L.C. 210 FIRST STREET, S.W., SUITE 240 ROANOKE VA 24011	3. Date Formed or Registered <b>03/15/1995</b>	5a. Capital Contributions as Shown on record. <b>\$100.00</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report <b>12/18/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>FL</b>	
City & State	City & State	6. FEI Number <b>59-3309545</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>SALTER, FEIBER, YENSER &amp; MURPHY ATTN: DENISE HUTSON 703 NE 1ST ST. GAINESVILLE FL 32601</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>8000002467359-3</b> Suite, Apt. #, etc. <b>-03/25/98-01003-004</b> City <b>***141.25 FL ***141.25</b>
---	---

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) <b>MAHONE DEVELOPMENT III, L.C.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>210 FIRST STREET, S.W</b>	11b. City, State & Zip Code <b>ROANOKE VA 24011</b>	11c. Registration/ Document Number <b>L95000000210</b>
--	--	--	--

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

12. I 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

**540 345 3806**

CR2E003 (12/97)