## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1997

Typed or Printed Name of General Partner Signing Form

N.Y. STATE APARTMENT BUILDERS III, LTD.



FLORIDA DEPARTMENT OF STATE Sandra Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

**DOCUMENT #** A95000000545

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 APR -8 AM 9: 48



lailing Address 2200 LUCIEN WAY. SUITE 450 MAITLAND FL 32751	ICIEN WAY. SUITE 450 2200 LUCIEN WAY, SUITE 450			Date Formed or Registered 04/05/1995	5a. Capital Contributions as Shown on record.	
				3a. Date of Last Report 12/13/1995		5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address			State or Country of Formation	to dat	9:
Suite, Apt. #, etc.	Suite, Apt. #, etc.			FEI Number 59-3308324	<u>.l</u>	Applied For Not Applicable
City & State	City & State	Zip Country		Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip			8. Make check payable to: Dept. of State (See reverse side for fee informa		
9. Name and Address of Currer	nt Registered Agent			10. If changed, new Registere	d Agent/Office	
B&C CORPORATE SERVICES OF CENTRAL FLA, INC 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801		Name				
		Streel Address (P.O. Box Number is Not Acceptable)				
016410016 02001		Sulte, Apt. #, etc.				[ <del>-                                   </del>
		City		FL Zip Code		1 ZID COOB
the purpose of changing its registered office or reg I am familiar with, and accept the obligations of se	gistered agent, or both, in the State of Flori action 620.192, Florida Statutes.	amed limited partner ida. Such change w		rits general partner(s). I hereby a	State of Floric coept the appo	a, submits this statement
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Daytime Telephone Number