2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A95000000614 O4 APR 29 AM 10: 07 FLORIDA CAPITAL INCOME FUND III, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address GROVE AT LAKELAND SQUARE GROVE AT LAKELAND SOUARE 3570 US HWY 98 N 3570 US HWY 98 N LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LP 04272004 CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 59-3317150 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARCAP REALTY SERVICES GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) **GROVE AT LAKELAND SQUARE** 3570 US HWY 98 N LAKELAND, FL 33809 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$99.00 in FLORIDA to date. as Shown on record. 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 # P95000028918 STREET ADDRESS BARON CAPITAL VII, INC. NAME STREET ADDRESS 7826 COOPER RD CITY-ST-ZIP CITY-ST-ZIP CINCINNATI, OH 45242 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP DOCUMENT # STREET ADDRESS ME STREET ADDRESS CITY-ST-7IP CATY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _