


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:36**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT #A95000000614</b> 1. Entity Name <b>FLORIDA CAPITAL INCOME FUND III, LTD.</b>	
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Principal Place of Business <b>5312 SPRING HILL DRIVE SPRING HILL, FL 34606</b>	Mailing Address <b>5312 SPRING HILL DRIVE SPRING HILL, FL 34606</b>
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2. Principal Place of Business <b>109 W. Commercial St</b> Suite, Apt. #, etc.	3. Mailing Address <b>109 W. Commercial St</b> Suite, Apt. #, etc.
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City & State <b>Sanford, FL.</b> Zip <b>32771</b>	Country <b>Seminole</b>
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6. Name and Address of Current Registered Agent <b>REGISTERED CORPORATE AGENTS, INC. 612 S. MLK JR. AVE. CLEARWATER, FL 33756</b>		7. Name and Address of New Registered Agent Name <b>Barcap Reality Services Group, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>109 W. Commercial Street</b> City <b>Sanford</b>	
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B. 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 <b>J. Stephen Miller VP.</b> DATE <b>4-25-06</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
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<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>
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<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000028918	STREET ADDRESS	<b>109 W. Commercial St</b>
NAME	BARON CAPITAL VII, INC.	CITY - ST - ZIP	<b>Sanford, FL, 32771</b>
STREET ADDRESS	15855 FARMINGTON ROAD		
CITY - ST - ZIP	LIVONIA, MI 48154		
DOCUMENT #		STREET ADDRESS	
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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
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SIGNATURE: <b>J. Stephen Miller</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date <b>4-25-06</b>	Daytime Phone # <b>407 688 7362</b>
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