


# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 10 PM 2: 29

<b>DOCUMENT # A95000001633</b> 1. Entity Name <b>CNL RETAIL INVESTORS III, LTD.</b>	
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DO NOT WRITE IN THIS SPACE

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>450 S. ORANGE AVENUE</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 4920</b> Suite, Apt. #, etc.
City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>
Zip <b>32801-3336</b>	Zip <b>32802-4920</b>
Country <b>USA</b>	Country <b>USA</b>

<b>DUE BY MAY 1</b>	
4. FEI Number <b>59-3344730</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

<b>7. Name and Address of Current Registered Agent</b>	
Name <b>ROBERT A. BOURNE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>450 S. ORANGE AVENUE</b>	
City <b>ORLANDO</b>	State <b>FL</b>
Zip Code <b>32801-3336</b>	

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

9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$3,000,000.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SENEFF, JAMES M. JR. 450 S. ORANGE AVENUE ORLANDO, FL 32801-3336
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BOURNE, ROBERT A. 450 S. ORANGE AVENUE ORLANDO, FL 32801-3336
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____

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JMB 3/26

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

<b>SIGNATURE:</b> 	<b>ROBERT A. BOURNE</b>	2/24/03	407-650-1068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #	

STAPLE CHECK HERE

CR2E003B (12/02)