

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT -9 PM 12: 20

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001211**

**ALLIANCE MICHIGAN COMMERCE CENTER III, LTD.**



Mailing Address

Principal Office Address

501 EAST JACKSON STREET  
ORLANDO FL 32801

501 EAST JACKSON STREET  
ORLANDO FL 32801

3. Date Formed or Registered

06/27/1996

5a. Capital Contributions as Shown on record.

\$302,250.00

3a. Date of Last Report

11/20/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

125 S. Swoope Ave

2a. Principal Office Address

125 S. Swoope Ave

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Maitland Fla

City & State

Maitland Fla

Zip

FL 32751 Orange

32751 Orange

6. FEI Number

59-3373457

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 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

TATICH, PHILIP  
601 SOUTH LAKE DESTINY ROAD, SUITE 200  
MAITLAND FL 32751

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

AEGIS INVESTMENTS, INC.

2200 LUCIEN WAY, SUIT

MAITLAND FF 32751

L28441

SOP INVESTMENTS, INC.

501 EAST JACKSON STRE  
125 S Swoope Ave.  
501 EAST JACKSON STRE #103  
125 S Swoope Ave.;  
Suite #103

ORLANDO FL 32801  
Maitland, FL 32751  
ORLANDO FL 32801  
Maitland, FL 32751

L28451

L79712

5000026622050-5  
-10/13/98-01017-1021  
\*\*\*\*526.25 \*\*\*\*526.25

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

12. I do 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

Howard A. Schieferdecker

DATE

10/1/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

407-645-2275

CR2E003 (8/98)