2000 UNIFORM BUSINESS REPORT (UBR) A96000001211

DOCUMENT # 1. Entity Name FILED ALLIANCE MICHIGAN COMMERCE CENTER III, LTD. 00 MAY 22 PM 4: 20 Mailing Address Principal Place of Business 125 S. SWOOPE AVENUE. SUITE 103 SECRETARY OF STATE 125 S. SWOOPE AVENUE, SUITE 103 MAITLAND FL 32751-5784 MAITLAND FL 32751 2. Principal Place of Business -3. Mailing Address P.O. BOX 940877 279082792 MICHIGAN AYE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3373457 Not Applicable maitlanu KUSIMMER Country \$8.75 Additional Zip 5. Certificate of Status Desired UÍA 32794-087 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TATICH, PHILIP Street Address (P.O. Box Number Is Not Acceptable) 341 NORTH MAITLAND AVENUE, SUITE 340 MAITLAND FL 32751 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$306,500.00 SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L28451 DOCUMENT # STREET ADDRESS SDP INVESTMENTS, INC. 1605 KING ARTHUR CIRCLE NAME 125 S. SWOOPE AVENUE, SUITE 103 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP L79712 DOCUMENT# STREET ADDRESS SOS REALTY CORP. 1605 KING BRTHUL CIRCLA NAME 125 S. SWOOPE AVENUE, SUITE 103 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP MOITLOND, FLG. 3275 DOCHMENT # STREET ADORESS NAME -----STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOC: IMPAIL # STREET ADDRESS NAME STREET ADDRESS ****528.25 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ·DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-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

City-ST-ZIP

4/12/06 (40