


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # A9600001211
1. Entity Name
ALLIANCE MICHIGAN COMMERCE CENTER III, LTD.



Principal Place of Business Mailing Address
1605 KING ARTHUR CIRCLE P.O. BOX 940877
MAITLAND FL 32751 MAITLAND FL 32794-0877

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent
TATICH, PHILIP
341 NORTH MAITLAND AVENUE, SUITE 340
MAITLAND FL 32751

4. FEI Number 59-3373457 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record \$306,500.00 10. Amount of Capital Contributions in FLORIDA to date.

**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 #	L28451
NAME	SDP INVESTMENTS, INC.
STREET ADDRESS	1605 KING ARTHUR CIRCLE
CITY - ST - ZIP	MAITLAND FL 32751
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
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04/26/05-80026-025 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Howard Schiffermolen 4/13/05 (407) 702-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE