


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

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

DOCUMENT # A96000001211			
1. Entity Name ALLIANCE MICHIGAN COMMERCE CENTER III, LTD.			
Principal Place of Business 1605 KING ARTHUR CIRCLE MAITLAND FL 32751		Mailing Address P.O. BOX 940877 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
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVENUE, SUITE 340 MAITLAND FL 32751		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 Signature, typed or printed name of registered agent and title if applicable		DATE	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L28451	STREET ADDRESS	
NAME	SDP INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1605 KING ARTHUR CIRCLE		
CITY-ST-ZIP	MAITLAND FL 32751		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			



1ST MOORE CR2E003 (10/04)

4. FEI Number **59-3373457** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

U00000331771
04/26/05-B0026-025 526.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HOWARD SCHIEFFELMOCKEN

4/13/05 (407) 702-3131

Date

Daytime Phone #

STAPLE CHECK HERE