


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED


2007 APR 11 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3373457	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 HOWARD SCHIEFFELDECKER Street Address (P.O. Box Number is Not Acceptable) 1605 KING ARTHUR CIRCLE City MAITLAND FL Zip Code 32751		
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  HOWARD SCHIEFFELDECKER				DATE 3/28/07	
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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	700096789657		
NAME		CITY ST ZIP	04/13/07--01036--005 **500.00		
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 SCHIEFFELDECKER 3/28/07 (407) 702-3131