

**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	
1. Name of Limited Partnership ERICKSEN/VANDERBILT LAKES III, LTD.		1a. DOCUMENT # A96000002371	
Mailing Address 6326 TRAIL BOULEVARD NAPLES FL 33963		Principal Office Address 6326 TRAIL BOULEVARD NAPLES FL 33963	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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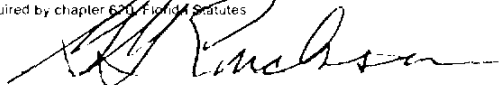
3. Date Formed or Registered 12/19/1996	5a. Capital Contributions as Shown on record \$60,000.00
3a. Date of Last Report 12/26/1997	5b. Amount of Capital Contributions in FL ORIDA to date ☐ Applied For ☒ Not Applicable
4. State or Country of Formation FL	6. FL Number 59-3423496
7. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	8. Make check payable to Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent ERICKSEN, GROVER G 6326 TRAIL BOULEVARD NAPLES FL 33963		10. If changed, new Registered Agent Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL	
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) ERICKSEN COMMUNITIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6326 TRAIL BOULEVARD	11b. City, State & Zip Code NAPLES FL 33963	11c. Registration Document Number K08738

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



Typed or Printed Name of General Partner Signing Form

Grover G. Erickson

DATE 12/23/98

941/566-3355 Ext. #14

Daytime Telephone Number

CR2E003 (8/98)