

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

2004 OCT -1 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000203					
1. Entity Name YBOR III, LTD.					
Principal Place of Business 2109 EAST PALM AVENUE, SUITE 206 TAMPA, FL 33605			Mailing Address 2109 EAST PALM AVENUE, SUITE 206 TAMPA, FL 33605		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3421655	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCMULLEN, THOMAS J JR. 2109 EAST PALM AVENUE, SUITE 206 TAMPA, FL 33605			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 <u>Thomas J. McMullen, Jr.</u> DATE <u>09-30-04</u>					
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000021034 YBOR III GROUP, INC. 2112 NORTH 15TH STREET, SUITE 101 TAMPA, FL 33605		STREET ADDRESS CITY-ST-ZIP	700041529097 10/01/04--01031--002 **193.75	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	N08000000050 NATIONAL DEVELOPMENT FOUNDATION, INC. 1260 ALAPAYA TRAIL, SUITE 212-333 OWIEDO, FL 32765048		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			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					
SIGNATURE: <u>Thomas J. McMullen, Jr.</u> <i>General Partner</i> DATE <u>09-30-04</u>					



09302004 Chg-LP CR2E003 (10/03)

Applied For
Not Applicable

FL Zip Code

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

247-2828