

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000000495

1. Entity Name
G.L. HOMES OF BOCA RATON ASSOCIATES III, LTD.



Principal Place of Business
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071

Mailing Address
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071

FILED

06 MAY - PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1600 Sawgrass Corp Pkwy

3. Mailing Address
1600 Sawgrass Corp Pkwy

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

04032006 Chg-LP CR2E003 (11/05)

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number
59-3435355

Applied For
 Not Applicable

Zip
33323

Country
USA

Zip
33323

Country
USA

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

6. Name and Address of Current Registered Agent

G.L. HOMES OF BOCA RATON III CORPORATION
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1600 Sawgrass Corp Pkwy, #300

City
Sunrise

FL Zip Code
33323

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.

4/25/06

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # **P96000022573**
 NAME **G.L. HOMES OF BOCA RATON III CORPORATION**
 STREET ADDRESS **1401 UNIVERSITY DRIVE, SUITE 200**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1600 Sawgrass Corp Pkwy #300**
 CITY-ST-ZIP **Sunrise, FL 33323**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

300074698743
05/17/06--01005--006 **500.00

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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

N. MARIA MENENDEZ, VICE PRESIDENT

4/27/06
 Date

954-753-1730
 Daytime Phone #

STAPLE CHECK HERE