

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 21 PM 3:59

1. Name of Limited Partnership		1a. DOCUMENT # A97000001107	
First American Affiliates Fund III, Ltd.			
2. Mailing Address 2075 Centre Pointe Blvd. Tallahassee, FL 32308		2a. Principal Office Address	
3. Date Formed or Registered 5/19/97		5a. Capital Contributions as Shown on record. \$30,000.00	
3a. Date of Last Report 10/31/97		5b. Amount of Capital Contributions in FLORIDA to date: \$30,000.00	
4. State or Country of Formation Florida		6. FEI Number 59-3448126	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent LaJoie, John T. 2075 Centre Pointe Blvd. Tallahassee, FL 32308	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) First American Affiliates, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2075 Centre Pointe Blvd.	11b. City, State & Zip Code Tallahassee, FL 32308	11c. Registration/Document Number P97000039113
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****313.75 ****313.75

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 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 true empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/18/98

Typed or Printed Name of General Partner Signing Form

Michael Conway, Pres.

Daytime Telephone Number 850-422-0148