2005 LIMITED PARTNERSHIP ANNUAL REPORT

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK

SIGNATURE: .

Due By May 1, 2005 FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A97000001169** 1. Entity Name III T, LTD. 05 FEB 21 AM 9: 26 Principal Place of Business Mailing Address 2845 NE 9TH ST., TS1201 1 FINANCIAL PLAZA, #2001 FORT LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 02102005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0760137 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRAY, DAVID G ESQ. Street Address (P.O. Box Number is Not Acceptable) 1401 E. BROWARD BLVD., #200 FT. LAUDERDALE, FL 33301 Zip Code City 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 DATE 9. Capital Contributions 10. Amount of Capital Contributions \$13,003,731.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # P97000024967 STREET ADDRESS TARDOT REALTY & INVESTMENTS, INC. NAME 1401 E. BROWARD BLVD. #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33301 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 0000047494610 STREET ADDRESS CITY-ST-ZIP 03/01/05--01035--024 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee embowered to execute this export as required by Chapter 620, Florida Statutes

Daytime Phone #