

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:38

DOCUMENT # A97000001169

1. Entity Name
 III T, LTD.



Principal Place of Business
 2845 NE 9TH ST., TS1201
 FORT LAUDERDALE, FL 33304

Mailing Address
 1 FINANCIAL PLAZA, #2001
 FT. LAUDERDALE, FL 33394



2. Principal Place of Business - No P.O. Box #
 1 Financial Plaza
 Suite, Apt. #, etc.
 Suite 2001
 City & State
 Fort Lauderdale, FL
 Zip
 33394
 Country
 USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

03052008 Chg-LP CR2E003 (12/06)

4. FEI Number
 65-0760137

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MURRAY, DAVID G ESQ.
 1401 E. BROWARD BLVD., #200
 FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

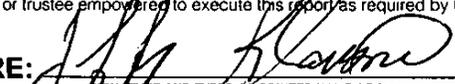
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000024967	STREET ADDRESS	
NAME	TARDOT REALTY & INVESTMENTS, INC.	CITY-ST-ZIP	200121246302
STREET ADDRESS	1401 E. BROWARD BLVD. #200		03/26/08 01002-003 **500.00
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

STAPLE CHECK HERE

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:  DATE _____ Daytime Phone # _____

JEFFREY KLAVERNER