


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**


**FILED
Jul 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # A97000001373
 1. Entity Name
PINE GROVE INVESTORS III LIMITED PARTNERSHIP



Principal Place of Business: 505 S. FLAGLER DRIVE, SUITE 401, WEST PALM BEACH, FL 33401
 Mailing Address: 505 S. FLAGLER DRIVE, SUITE 401, WEST PALM BEACH, FL 33401

2. Principal Place of Business: Suite, Apt #, etc; City & State; Zip; Country
 3. Mailing Address: Suite, Apt #, etc; City & State; Zip; Country



07022004 Chg-LP CR2E003 (10/03)
 4. FEI Number: 65-0761266 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FROMSON, SHELDON
 505 S. FLAGLER DRIVE, SUITE 401
 WEST PALM BEACH, FL 33401

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

9. Capital Contributions as Shown on record: **\$1,000.00**
 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 #	P97000054331	STREET ADDRESS	
NAME	SUN AMERICA MELBOURNE, INC.	CITY - ST - ZIP	
STREET ADDRESS	505 S. FLAGLER DRIVE, SUITE 401		
CITY - ST - ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	100000166835
NAME		CITY - ST - ZIP	07/16/04-80014-011 141 25
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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)(f), 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]* **SHELDON FROMSON** **7/7/04** **561-9323200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE