

2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2004****FILED****Apr 09, 2004 08:00 AM
Secretary of State****DOCUMENT # A97000001719****1. Entity Name
WORTHWHILE DEVELOPMENT III, LTD.****Principal Place of Business
2933 W SR 434, SUITE 101
LONGWOOD, FL 32779****Mailing Address
2933 W SR 434, SUITE 101
LONGWOOD, FL 32779****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

Applied For

59-3464682

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ROYALL, H J JR.
2933 W SR 434, SUITE 101
LONGWOOD, FL 32779**

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**

Signature, typed or printed name of registered agent and title if applicable

DATE

**9. Capital Contributions
as Shown on record. \$5,687,321.22****10. Amount of Capital Contributions
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.****12. GENERAL PARTNER INFORMATION****13. ADDRESS CHANGES ONLY****DOCUMENT # P97000068224
NAME WORTHWHILE DEVELOPMENT III, INC.
STREET ADDRESS 2933 W SR 434, SUITE 101
CITY-ST-ZIP LONGWOOD, FL 32779**

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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:****H.J. Royall Jr.****3-31-04****407-774-0303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE