


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000001719		
1. Entity Name WORTHWHILE DEVELOPMENT III, LTD.		

FILED

2007 APR 25 AM 10: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1110 DOUGLAS AVE. SUITE 2050 ALTAMONTE SPRINGS, FL 32714	Mailing Address 1110 DOUGLAS AVE. SUITE 2050 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03092007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3464682	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ROYALL, H J JR. 2933 W SR 434, SUITE 101 LONGWOOD, FL 32779	

7. Name and Address of New Registered Agent	
Name H. J. ROYALL, JR.	
Street Address (P.O. Box Number is Not Acceptable) 1110 DOUGLAS AVE	
Suite 2050	
City ALTAMONTE SPRINGS FL	Zip Code 32714

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, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000068224 WORTHWHILE DEVELOPMENT III, INC. 2933 W SR 434, SUITE 101 LONGWOOD, FL 32779	STREET ADDRESS CITY-ST-ZIP	1110 DOUGLAS AVE SUITE 2050 ALTAMONTE SPRINGS, FL 32714
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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: 4/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE