


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3:50

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

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 # 365 WEKIVA SPRINGS RD Suite, Apt. #, etc. SUITE 231 City & State LONGWOOD, FL Zip 32779 Country USA	3. Mailing Address 365 WEKIVA SPRINGS RD Suite, Apt. #, etc. SUITE 231 City & State LONGWOOD FL Zip 32779 Country USA
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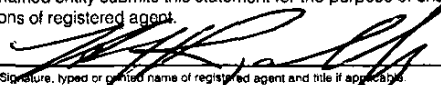
01282008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3464682	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROYALL, H J JR. 1110 DOUGLAS AVENUE SUITE 2050 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name ROYALL, H. J. JR. Street Address (P.O. Box Number is Not Acceptable) 365 WEKIVA SPRINGS ROAD SUITE 231 City LONGWOOD FL Zip Code 32779
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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  4/14/08

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000068224 WORTHWHILE DEVELOPMENT III, INC. 1110 DOUGLAS AVENUE SUITE 2050 ALTAMONTE SPRINGS, FL 32714	STREET ADDRESS CITY-ST-ZIP	365 WEKIVA SPRINGS RD. SUITE 231 LONGWOOD, FL 32779
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300123961793 04/18/08--01008--006 **508.75
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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:  407 774-0303  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 4/11/08 Daytime Phone #

STAPLE CHECK HERE