


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A98000000690	
<b>1. Entity Name</b> HERITAGE III, LTD.	

<b>Principal Place of Business</b> 13171 ATLANTIC BLVD SUITE 400 JACKSONVILLE FL 32225	<b>Mailing Address</b> 13171 ATLANTIC BLVD SUITE 400 JACKSONVILLE FL 32225
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/06)

<b>4. FEI Number</b> 59-3505652	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
REGISTER, WILLIAM P JR 13171 ATLANTIC BLVD SUITE 400 JACKSONVILLE FL 32225	
<b>7. Name and Address of New Registered Agent</b>	
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. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
<b>DOCUMENT #</b>	F97000000517	<b>STREET ADDRESS</b>	
<b>NAME</b>	SKEETIE K., INC.	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	13171 ATLANTIC BLVD, STE. 400		
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32225		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

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05/21/07-80023-016 500.00

**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:** *William P Register* **Partner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/10/07*

904.221.9660

Date Dqytime Phone #

STAPLE CHECK HERE