

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

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000690

1. Entity Name  
HERITAGE III, LTD.



Principal Place of Business  
13171 ATLANTIC BLVD  
SUITE 400  
JACKSONVILLE, FL 32225

Mailing Address  
13171 ATLANTIC BLVD  
SUITE 400  
JACKSONVILLE, FL 32225



04252008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3505652

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REGISTER, WILLIAM P JR  
13171 ATLANTIC BLVD  
SUITE 400  
JACKSONVILLE, FL 32225

**DO NOT WRITE  
IN THIS SPACE**

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

000000930725

05/21/08-80121-009 508.75

**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**

DOCUMENT # F97000000517  
NAME SKEETIE K., INC.  
STREET ADDRESS 13171 ATLANTIC BLVD, STE. 400  
CITY AND ZIP JACKSONVILLE, FL 32225

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY AND ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY AND ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY AND ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY AND ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY AND ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Wm P Register*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SAMPLE CHECK HERE