

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012640 AT

**DOCUMENT # A98000000762**



**FILED**

**03 APR 29 PM 12: 19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**1. Entity Name  
NOBLE PROPERTIES III, LTD.**

**Principal Place of Business  
5821-C LAKE WORTH ROAD  
GREENACRES FL 33463-3209**

**Mailing Address  
5821-C LAKE WORTH ROAD  
GREENACRES FL 33463-3209**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

**4. FEI Number 65-0827462**

Applied For  
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**

**SIDEL, PETER S  
5821 LAKE WORTH ROAD  
GREENACRES FL 33463**

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. \$100.00**

**10. Amount of Capital Contributions in FLORIDA to date. \$100**

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	<b>P0000084076</b>
NAME	<b>NOBLE PROPERTIES INC.</b>
STREET ADDRESS	<b>5821 LAKE WORTH ROAD</b>
CITY-ST-ZIP	<b>GREENACRES FL 33463</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>900018675239</b>
CITY-ST-ZIP	<b>05/09/03 01059 042 **1816.80</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

*Handwritten notes:*  
FF \$14.75  
WS \$ 8.75

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Paul G. Forberger* **PAUL G. FORBERGER - Dir. of Gen. Partner 4/28/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE