

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 AUG -5 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A98000002647		
1. Entity Name PAULY INVESTMENTS III, LTD.		

Principal Place of Business 3801 PGA BLVD., SUITE 802 PALM BEACH GARDENS, FL 33410	Mailing Address 3801 PGA BLVD., SUITE 802 PALM BEACH GARDENS, FL 33410
--	--

2. Principal Place of Business 3801 PGA Blvd. Suite, Apt. #, etc. Suite 604 City & State Palm Beach Gardens, FL Zip 33410 Country USA	3. Mailing Address ← Same Suite, Apt. #, etc. City & State Zip Country
---	--

07212004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0858256	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent SINGER, MICHAEL S ESQ 3801 PGA BLVD., SUITE 604 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 604 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 7/27/04

9. Capital Contributions as Shown on record. \$158,400.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
---	---	--

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 #	P00000081093	STREET ADDRESS	
NAME	PAULY ENTITIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	3801 PGA BLVD, STE 604		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

600040323266
08/19/04--01031--008 **526.25

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:	7/31/04	561.309.9661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE