UN			ARTNERS S REPOR			_	·	• .	
DOCUMENT # A9900000347 1. Entity Name LARA DESIGN ROW III, LTD.						FILED 03 APR 20			
						,	SE TALLAHASSE	AM 9: 37	
Principal Place of Business 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065			Mailing Address 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065				TALLAHASSEE	A STATE FEORIDA	
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State			City & State		4. FÉI Number	65-0921346	Applied For Not Applicable		
Zip	Country		Zip	Country		5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current			istered Agent			7. Name and A	ddress of New Registere	ed Agent	
INTRA RE	ALTY INC				Name	Name ·			
INTRA REALTY, INC. 2900 UNIVERSITY DRIVE					Street Address (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL 33065					•				
					City FL Zip Code				
	named entity submits ions of registered ager		purpose of changing its	s registere	ed office or register	red agent, or both,	in the State of Florida. I a	m familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								E .	
9. Capital Contributions as Shown on record. \$7,500.00			10. Amount of Capital Contributions in FLORIDA to date.			11. MAXE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
							TIVE WITH THIS OFFI to change a general p		
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY			
DOCUMENT # NAME	INTRA REALTY, INC.			STRE	ET ADDRESS	·			
STREET ADDRESS 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065			_a	CITY	-ST-ZIP	600017220776			
DOCUMENT # NAME				STRE	ET ADDRESS	04/28/0301128024 **150.00			
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DOCUMENT #		 -		STRE	ET ADDRESS				

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 the receiver of trustee empowered to execute the rec

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING GENERAL PARTNER