

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**


FILED

2004 APR 23 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001420

1. Entity Name
MLH III, L.P.



Principal Place of Business
1311 N. CHURCH AVENUE
TAMPA, FL 33607

Mailing Address
1311 N. CHURCH AVENUE
TAMPA, FL 33607

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03232004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3602696

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HABER, RICHARD M
1311 N. CHURCH AVENUE
TAMPA, FL 33607

7. Name and Address of New Registered Agent

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.

9. Capital Contributions as Shown on record. \$50,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	P94000091749	STREET ADDRESS	
NAME	MLH FINANCIAL SERVICES INC	CITY-ST-ZIP	
STREET ADDRESS	1311 N CHURCH AVENUE		
CITY-ST-ZIP	TAMPA, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300035826963
STREET ADDRESS			05/10/04--01094--024 **438.75
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ Date: 3-29-04 Daytime Phone #: 813-876-8320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER