

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006**


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -8 AM 11:05

DOCUMENT # B0100000112
1. Entity Name
BLACKSTONE FAMILY MEDIA PARTNERSHIP III, L.P.



Principal Place of Business 345 PARK AVE. NEW YORK, NY 10154	Mailing Address C/O THE BLACKSTONE GROUP 345 PARK AVE. NEW YORK, NY 10154
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DO NOT WRITE IN THIS SPACE



05242006 No Chg-LP CR2E003 (11/05)

4. FEI Number 13-4081803	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00**

**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 #	M0100000679
NAME	BLACKSTONE MEDIA MANAGEMENT ASSOCIATES III
STREET ADDRESS	345 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10154
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400076380304
06/20/06--01019--018 **\$400.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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:  DENNIS McDAVAGH 05/31/06 212-583-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #