

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN 18 PM 12:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

MJB

DOCUMENT # B03000000035

1. Entity Name
SUN CAPITAL ADVISORS III, LP



Principal Place of Business
**5200 TOWN CENTER CIRCLE, SUITE 470
 BOCA RATON, FL 33486**

Mailing Address
**5200 TOWN CENTER CIRCLE, SUITE 470
 BOCA RATON, FL 33486**



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04272004 Chg-LP CR2E003 (10/03) 6/18

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$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**

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 MARC LEDER DATE 4/30/04

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

9. Capital Contributions as Shown on record. **\$1,000.00**

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 #	M03000000362	STREET ADDRESS	
NAME	SUN CAPITAL PARTNERS III, LLC	CITY-ST-ZIP	
STREET ADDRESS	5200 TOWN CENTER CIRCLE, SUITE 470		
CITY-ST-ZIP	BOCA RATON, FL 33486		
DOCUMENT #		STREET ADDRESS	U00000162588
NAME		CITY-ST-ZIP	06/16/04-80001-012 141.25
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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)(f), 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: MARC LEDER DATE 4/30/04 561-394-0550

Signature and typed or printed name of signing general partner