

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB 11 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership  
1a. DOCUMENT #  
B94000000082

SOUTH ATLANTIC VENTURE PARTNERS III, LIMITED  
PARTNERSHIP

Mailing Address 614 WEST BAY STREET, SUITE 200 TAMPA FL 33606-2704		Principal Office Address 614 WEST BAY STREET, SUITE 200 TAMPA FL 33606-2704		3. Date Formed or Registered 03/09/1994	5a. Capital Contributions as Shown on record \$1,500.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/22/1998	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation DE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		6. FEI Number 59-3156351	
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Country		Country			

9. Name and Address of Current Registered Agent BURTON, DONALD W. 3603 BAYSHORE BOULEVARD TAMPA FL 33629-8942	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) BURTON, DONALD W <del>MILLER, W. GORD</del> BARBER, SANDRA P	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 614 WEST BAY STREET, <del>614 WEST BAY STREET,</del> 614 WEST BAY STREET,	11b. City, State & Zip Code TAMPA FL 33606-2704 <del>TAMPA FL 33606-2704</del> TAMPA FL 33606-2704	11c. Registration/ Document Number 4 900002772339-5 -02/11/99--01014--001 ****141.25 ****141.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_

DATE Dec 15, 1998

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_