

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -7 AM 10:56



1. Name of Limited Partnership	1a. DOCUMENT # B94000000347
GORDON PROPERTY COMPANY III, L.P., LTD.	

Mailing Address 23123 S. STATE ROAD 7, SUITE 255 BOCA RATON FL 33428		Principal Office Address 23123 S. STATE ROAD 7, SUITE 255 BOCA RATON FL 33428		3. Date Formed or Registered 08/22/1994	5a. Capital Contributions as Shown on record. \$9,900.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 04/09/1996	5b. Amount of Capital Contributions in FLORIDA to date:
City & State		City & State		4. State or Country of Formation MO	
Zip Country		Zip Country		6. FEI Number 43-1579686	
				7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent GORDON, JAMES N 23123 S. STATE ROAD 7, SUITE 255 BOCA RATON FL 33428	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is No. Assessable) 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GORDON, JAMES N	23123 S. STATE ROAD 7	BOCA RATON FL 33428	FF# 79.30 Sup # 103.75 OR 48

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 **4-1-97**

Typed or Printed Name of General Partner Signing Form **JAMES N. GORDON** Daytime Telephone Number **561-451-0220**

CR2E003 (1/1/96)