2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

	1. Entity Name				FILED		
	GORDON PROPERTY COMPANY III, L.P., LTD.					04 APR 20	PM 3: 31
	Principal Place of Business Mailing Address					not can to be easily	OT GTAL!
	23123 S. STATE ROAD 7, SUITE 301 23123 S. STATE ROAD 7, BOCA RATON, FL 33428 BOCA RATON, FL 33428				E 301	SECRETARY TALLAHASSE	E.FLORIDA
-	Principal Place of Business Mailing Address						
			Suite, Apt. #, etc.				
						04012004 Chg-LP	CR2E003 (10/03)
	City & State City & State				4. FEI Number 43-1579686	Applied For Not Applicable	
•	■ Zip Country		Zip Cour		atry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	- 6. Name and Address of Current Registered Agent			-		7. Name and Address of New R	egistered Agent
	GORDON, JAMES N 23123 S. STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428				Name		
					Street Address (P.O. Box Number is Not Acceptable)		
					0		
					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 Signature, typed or printed name of registered agent and liftle II applicable.						
H						DATE	
	9. Capital Contributions as Shown on record. \$9,900.00 10. Amount of Capital Contributions in FLORIDA to date.				butions		
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFF NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partners.						IS OFFICE.
+	12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHA	<u> </u>
	DOCUMENT / NAME GORDON, JAMES N			STRI	EET ADDRESS	-	
	STREET ADDRESS CITY-ST-ZIP	GORDON, JAMES N 23123 S; STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428			/-ST-ZIP	300035 05/10/04~-0107	820013 1008 **158.75
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-	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						
	SIGNAT	GNATURE:					
_L	SIGNATURE AND CHPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #						