

# 2002 UNIFORM-BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0018065 AT

DOCUMENT # B95000000078

1. Entity Name

CAPITAL PREFERRED YIELD FUND - III, LIMITED PART  
NERSHIP

02 APR 16 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2750 S. WADSWORTH, SUITE C200  
DENVER CO 80227

Mailing Address

2750 S. WADSWORTH, SUITE C200  
DENVER CO 80227



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

84-1248907

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$2,667,675.86

10. Amount of Capital Contributions  
in FLORIDA to date.

1,074,999

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # F95000001072  
NAME CAI EQUIPMENT LEASING IV CORP.  
STREET ADDRESS 2750 S. WADSWORTH, SUITE C200  
CITY-ST-ZIP DENVER CO 80227

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Debra Seifert

2-26-02

Date

720-963-9600

Daytime Phone #

CP2E003 (9/01)