


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # B96000000182		
1. Entity Name PREMIERE PARTNERS III LIMITED PARTNERSHIP		

Principal Place of Business 2407 S. NEIL STREET CHAMPAIGN, IL 61820	Mailing Address 2407 S. NEIL STREET CHAMPAIGN, IL 61820
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

03042004 Chg-LP CR2E003 (10/03)	
4. FEI Number 36-6945944	Applied For Not Applicable

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

9. Capital Contributions as Shown on record. \$55,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$3,000,000
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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 # NAME STREET ADDRESS CITY-ST-ZIP	M83776 WESTCHESTER GROUP, INC. 2407 S. NEIL STREET CHAMPAIGN, IL 61820	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P17098 COZAD ASSET MANAGEMENT, INC. 2501 GALEN DRIVE CHAMPAIGN, IL 61821	STREET ADDRESS CITY-ST-ZIP	U000000133565 04/27/04-80094-002 525.25
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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

SIGNATURE:  **Stuart T. Meacham, Secretary,**
Cozad Asset Mgmt. Inc., G.P. **3/4/04** **217-356-8363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE