

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 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**



2. Principal Place of Business
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

01212005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
36-6945944

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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. 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. **53,000,000**

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 # **M83776**
NAME **WESTCHESTER GROUP, INC.**
STREET ADDRESS **2407 S. NEIL STREET**
CITY-ST-ZIP **CHAMPAIGN, IL 61820**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **P17098**
NAME **COZAD ASSET MANAGEMENT, INC.**
STREET ADDRESS **2501 GALEN DRIVE**
CITY-ST-ZIP **CHAMPAIGN, IL 61821**

STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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., GP **4/26/05** **217-356-8363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Time Phone #

STAPLE CHECK HERE