


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # B96000000182 1. Entity Name PREMIERE PARTNERS III LIMITED PARTNERSHIP	
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Principal Place of Business 2407 S. NEIL STREET CHAMPAIGN, IL 61820	Mailing Address 2407 S. NEIL STREET CHAMPAIGN, IL 61820
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03072006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-6945944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

000000469673
03/27/06-80008-011-500.00
DATE

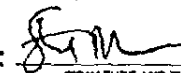
FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	
DOCUMENT #	F96000003185
NAME	WESTCHESTER GROUP, INC.
STREET ADDRESS	2407 S. NEIL STREET
CITY-ST-ZIP	CHAMPAIGN, IL 61820
DOCUMENT #	P17098
NAME	COZAD ASSET MANAGEMENT, INC.
STREET ADDRESS	2501 GALEN DRIVE
CITY-ST-ZIP	CHAMPAIGN, IL 61821
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Meacham, Secretary**
Cozad Asset Mgmt. Inc., G.P. **3/7/06** **217-358-8363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE