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217-356-8363

4-17-07

## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

2007 APR 30 AM 10: 16 **DOCUMENT # B96000000182** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Entity Name PREMIERE PARTNERS III LIMITED PARTNERSHIP Mailing Address Principal Place of Business 2407 S. NEIL STREET 2407 S. NEIL STREET CHAMPAIGN, IL 61820 CHAMPAIGN, IL 61820 2. Principal Place of Business - No P.O. Box # 2004 Fox Prive 3. Mailing Address Fox Dr: Je 2004 Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 CR2E003 (12/06) Chg-LP Suite Suite City & State 4. FEI Number Applied For City & State IL Champag IL Champaign 36-6945944 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 61820 61820 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331 City Zip Code FL 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 trie if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # F96000003185 STREET ADDRESS Suite L 2004 Fox Drive WESTCHESTER GROUP, INC. NAME STREET ADDRESS 2407 S. NEIL STREET CITY-ST-ZIP Champaign, CITY-ST-ZIP CHAMPAIGN, IL 61820 DOCUMENT # P17098 STREET ADDRESS NAME COZAD ASSET MANAGEMENT, INC. STREET ADDRESS 2501 GALEN DRIVE CITY-ST-ZIP 05/08/07--01044--008 CITY-ST-7IP CHAMPAIGN, IL 61821 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SJ-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 empewered to execute this report as required by Chapter 620, Florida Statutes

Secretary

Cozed Asset Mg-A Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: