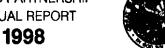
## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT • TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



U.S. RETAIL INCOME FUND III, LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **B9600000430** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN 23 PM 12: 22



Malling Address BUN TRUST FINANCIAL CENTER	Principal Office Address  CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801		3. Date Formed or Registered 58. Capital Contributions as Shown on record \$7,174,000.00	
24-CHURCH STREET, SUITE 1200			3a. Date of Last Report	<b>V</b> 11114100000
AROTTILLE IN STEIN			01/02/1997	<b>5b.</b> Amount of Capital Contributions in FLORIDA
0 4.0	20 00-0-100-1		4. State or Country of Formation	to date:
2. Malling Address 355 Cumberland Circle	2a. Principal Office Add		DE	1 0
ulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	
Suite 1500	Switz 1500	<u> </u>	62-1663247	Applied For  Not Applicable
city & State  Hanta 60	City & State	<b>6</b> A	7. Certificate of Status Desired	\$8.75 Additional
ip Country	Zip	Country		Fee Required
30339 USA	30839	USA	8. Make check payable to: Dept. of	State (See reverse side for fee informati
9. Name and Address of Current	t Registered Agent		10. If changed, new Registere	d Agent/Olfice
A C AAABABATTAN AVATEN		Name		
C T CORPORATION SYSTEM		Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD		Sulte, Apt. #, etc		
PLANTATION FL 33324		DDI(0, 7)DI. #, 0(C.		
		City		FL Zip Code
Oa. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or	registered agent, or both, in the St	tate of Florida. Such change w	p organized or registered under the laws of t vas authorized by its general partner(s). I he	ne State of Florida, submits this stateme eby accept the appointment of registers
agent. I am familiar with, and accept the obligation  IGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT	IS A CORPORATI	ON, LIMITED PA	ARTNERSHIP OR OTHE WITH THIS OFFICE.	
agent. I am familiar with, and accept the obligation  IGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT  MUS	IS A CORPORATI T BE REGISTERE	ON, LIMITED PA D AND ACTIVE		
agent. I am familiar with, and accept the obligation  IGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT  MUS	IS A CORPORATI T BE REGISTERE	ON, LIMITED PAD AND ACTIVE th General Partner t) Office Box Numbers	ARTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY
agent. I am familiar with, and accept the obligation  BIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT  MUS'  11. Name(s) of General Partner(s)	IS A CORPORATI T BE REGISTERE 11a. Address of Ear (Do NOT Use Pos	ON, LIMITED PAD AND ACTIVE th General Partner t) Office Box Numbers	ARTNERSHIP OR OTHE WITH THIS OFFICE. Ib. City. State & Zip Code Harta, 6A 30339	R BUSINESS ENTITY  11c. Registration/ Document Number

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Frelease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. Further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustoe empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_\_\_ \text{Welaw}

ric Buntino

Daylime Telephone Number 770)618-3500

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