

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 23 PM 12:22

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000430

U.S. RETAIL INCOME FUND III, LIMITED PARTNERSHIP

Mailing Address

SUN TRUST FINANCIAL CENTER
424 CHURCH STREET, SUITE 1200
NASHVILLE TN 37219

Principal Office Address

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

3. Date Formed or Registered

11/14/1996

5a. Capital Contributions as
Shown on record

\$7,174,000.00

3a. Date of Last Report

01/02/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

0

4. State or Country of Formation

DE

2. Mailing Address

3350 Cumberland Circle

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta GA

Zip

30339

Country

USA

2a. Principal Office Address

3350 Cumberland Circle

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta, GA

Zip

30339

Country

USA

6. FEI Number

62-1663247

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

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

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

BVT INSTITUTIONAL INVESTMENT

VUWB INVESTMENTS, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3350 Cumberland Cir #1500
424 CHURCH STREET, SU

575 FIFTH AVENUE, 17T

11b. City, State & Zip Code

Atlanta, GA 30339
NASHVILLE TN 37219

NEW YORK NY 10017

11c. Registration/
Document Number

F94000005615

F94000005616

100002416611--7
-01/29/98--01103--020
****468.75 ****156.25

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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release 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. I 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Melanie Bunting

DATE

12-30-97

Typed or Printed Name of General Partner Signing Form

Melanie Bunting

Daytime Telephone Number

770)618-3502

CR2E003 (6/97)