

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000253

1. Entity Name

ART FLORIDA PORTFOLIO III, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33

Principal Place of Business Mailing Address
10670 N. CENTRAL EXPRESSWAY. #600 10670 N. CENTRAL EXPRESSWAY. #600
DALLAS TX 75231 DALLAS TX 75231-2111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 75-2559742		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$10.00		10. Amount of Capital Contributions in FLORIDA to date. 10-00		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	

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 #	F98000002296	STREET ADDRESS	
NAME	ART FLORIDA PARTNERS, INC.	CITY - ST - ZIP	
STREET ADDRESS	10670 N. CENTRAL EXPRESSWAY, #600	STREET ADDRESS	400003290464--7
CITY - ST - ZIP	DALLAS TX 75231	CITY - ST - ZIP	-06/15/00--01025--018
DOCUMENT #		STREET ADDRESS	****141.25 ****141.25
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(i), 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:	SIGNATURE REQUIRED	4-10-00	214-692-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

ART Florida Partners, Inc.
Robert H. Salzman, Secretary

CR-1 (001/9/99)