

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	F00000004400
1. Entity Name	
WINDSOR REALTY FUND-III INVESTORS CORPORATION	

Principal Place of Business	Mailing Address
600 ATLANTIC AVE., SUITE 2000 BOSTON MA 02210	600 ATLANTIC AVE., SUITE 2000 BOSTON MA 02210

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	

7. Name and Address of New Registered Agent	
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	DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	FILE NOW!!! FEE IS \$550.00
(See criteria on back) <input type="checkbox"/>	After September 12, 2001 Fee will be \$750.00
	Make Check Payable to Department of State

10. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution. <input type="checkbox"/>	

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VSD	TITLE	PD
NAME	JOHNSON, STUART R	NAME	Dewitt, Robert E.
STREET ADDRESS	77 BRIDGE STREET	STREET ADDRESS	15 Ware Street
CITY-ST-ZIP	MANCHESTER MA 01944	CITY-ST-ZIP	Weston, MA 02193
TITLE	PD	TITLE	T
NAME	WYRWCZ, STANLEY B	NAME	MARTIN, PETER S
STREET ADDRESS	272 HIGH STREET	STREET ADDRESS	32 FARM STREET
CITY-ST-ZIP	WINCHESTER MA 01890	CITY-ST-ZIP	MEDFIELD MA 02052
TITLE	T	TITLE	200004610242--0
NAME	MARTIN, PETER S	NAME	-09/25/01--01054--004
STREET ADDRESS	32 FARM STREET	STREET ADDRESS	****550.00 ****550.00
CITY-ST-ZIP	MEDFIELD MA 02052	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.	
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SIGNATURE:	Peter S. Martin	9/20/01	(617) 973-9680
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 21 PM 1:11



DO NOT WRITE IN THIS SPACE

4. FEI Number	04-3534536	Applied For
	APPLIED FOR	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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CR2E034 (5/01)