2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006234

Entity Name: USA REAL ESTATE PROFIT FUNDS III G.P., INC

FILED Mar 10, 2009 Secretary of State

	iiei ooxyyezx	E ESTATE TROUT TO GROOT	o.i ., iivo.		
Current Pr	incipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
1445 ROSS SUITE 380 DALLAS, T				8249 KRISTEL CIRCLE PORT RICHEY, FL 34668	
Current Ma	ailing Addres	s:	New Mailing Addre	New Mailing Address:	
55 CITY CENTRE DR. SUITE 800 MISSISSAUGA, ON L5B 1M3 CA				8249 KRISTEL CIRCLE PORT RICHEY, FL 34668	
FEI Number:	76-0720134	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
TAMPA BAY PROPERTY MGMT 8249 KRISTEL CIRCLE PORT RICHEY, FL 34668 US			8249 KRISTEL CIRC	TAMPA BAY PROPERTY MANAGEMENT, INC. 8249 KRISTEL CIRCLE PORT RICHEY, FL 34668 US	
The above in the State		submits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: JAMIE K. MICK				03/10/2009	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MEDLA, KARST SEBASTIAN ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SONTOWSKI, K SEBASTIAN ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LANGNER, MAT SEBASTIAN ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SIMONITS, SAN 55 CITY CENTR	Delete DY IE DR,. STE. 800 ON L5B 1M3 CA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMIE K. MICK AGT. 03/10/2009

KOEHLER, ROBERT

SEBASTIAN STR. 31 D-91058

ERLANGEN, GERMANY, XX D-91058 GE

Name:

Address:

City-St-Zip: