

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JAN 29 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000001406
1. Corporation Name
REALTY ASSOCIATES FUND III TEXAS CORPORATION

Principal Place of Business 28 STATE STREET 10TH FLOOR BOSTON MA 02109	Mailing Address 28 STATE STREET 10TH FLOOR BOSTON MA 02109
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/23/1995	4. FEI Number 04-3257247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DC <input type="checkbox"/> DELETE
NAME	RUANE, MICHAEL A
STREET ADDRESS	28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP	BOSTON MA 02109
TITLE	PD <input type="checkbox"/> DELETE
NAME	SEGEL, ARTHUR I
STREET ADDRESS	28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP	BOSTON MA 02109
TITLE	VTS <input type="checkbox"/> DELETE
NAME	NEHER, ANDREW M
STREET ADDRESS	28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP	BOSTON MA 02109
TITLE	D <input type="checkbox"/> DELETE
NAME	POSTERNAK, NOEL
STREET ADDRESS	28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP	BOSTON MA 02109
TITLE	AS <input type="checkbox"/> DELETE
NAME	WEISS, ERICA H
STREET ADDRESS	1200 19TH ST. N.W., STE. 400
CITY-ST-ZIP	WASHINGTON DC 20036
TITLE	AS <input type="checkbox"/> DELETE
NAME	ROSENTHAL, BARRY P
STREET ADDRESS	1200 19TH ST. N.W., STE. 400
CITY-ST-ZIP	WASHINGTON DC 20036

13. *ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. *See Attachment A

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Erica H. Weiss 01/28/99 (202) 778-6150
Date Daytime Phone #

0000067

CR2E034 (11/98)

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Attachment A
(Florida)

1999 Profit Corporation Annual Report
of
Realty Associates Fund III Texas Corporation

Name

Title

Karen Sakowich
c/o TA Associates Realty
28 State Street, 10th Floor
Boston, Massachusetts 02109

Assistant Secretary



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ACCOUNT NO. : 072100000032
REFERENCE : 116606 4355031
AUTHORIZATION : *Patricia Pzyrus*
COST LIMIT : \$ 150.00

ORDER DATE : January 28, 1999
ORDER TIME : 12:32 PM
ORDER NO. : 116606-020
CUSTOMER NO: 4355031
CUSTOMER: Debra J. Pruitt, Legal Asst
Bingham Dana LLP
1200 19th Street, N.w.
Suite# 400
Washington, DC 20036

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DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: REALTY ASSOCIATES FUND III
TEXAS CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie L. Glisar

EXAMINER'S INITIALS: _____