2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500001406

1. Entity Name

REALTY ASSOCIATES FUND III TEXAS CORPORATION

Principal Place of Business

28 STATE STREET
10TH FLOOR
BOSTON MA 02109

2. Principal Place of Business
C/O TA Associates Realty
Suite, Apt. #, etc.
28 State St., 10th Floor
City & State
Boston, MA

Zip
O2109

Country
O2109

6. Name and Address of Current Registered Agent

Mailing Address
C/O TA Associates Realty
Suite, Apt. #, etc.
28 State St., 10th Floor
City & State
Boston, MA

Zip
O2109

Country
O2109

Country
O2109

Country
O2109

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90054 011 ***158.75



DO NOT WRITE IN THIS SPACE

28 State St., 10th Floor		28 State St., 10th Floor		1					
City & State		City & State		4. F	El Number 04-3257247			Applied For	
Boston, MA		Boston, MA			07 0201241			lot Applicable	
Zip. 02109	9 Country	^{Zio} 02109	Country	5. (Certificate of Status Desired		\$8.75 Ad ee Requir		
	6. Name and Address of Current Re	egistered Agent		7. 1	Name and Address of New Re	egistered A	gent		
			Name		·				
CORPORATION SERVICE COMPANY				Charles Address (D.O. Davidson) - Net Assessables					
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)					
	AHASSEE FL 32301								

			City			FL	Zip Co	ide	
O The -1	named entity submits this statement for	Non-religion in the second in			rant or heath in the Otate of Fla	-1-d-	L		
o. The above	named entity submits this statement for i	tue brithose of custiditid its	registered dilice of re	igistered ag	gent, or both, in the state of Fig	nua.			
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable (NOTE	: Registered Agent signature	required whom F	rainetalina)	DATE	_		
	aignature, typed or printed traine of registered agent an	- Transfer (NOTE	negistered Agent signature	required wrien in	onsialing)	DATE			
	ration is eligible to satisfy its Intangible	ı	!! FEE IS \$150.00		10. Election Campaign Fin	ancing	ΦE	. 00 May Be	
_	equirement and elects to do so.	After MAY 1, 2001 Fee will be \$550.0						dded to Fees	
(See criteri	ia on back)	Make Check Payat	ole to Department o	of State					
11.	OFFICERS AND D	DIRECTORS	12.	ΑC	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 11	
TITLE	DC	☐ Delete	TITLE				☐ Change	e 🔲 Addition	
NAME	RUANE, MICHAEL A		NAME						
STREET ADDRESS	28 STATE STREET, 10TH FLOOR		STREET ADDRESS						
CITY-ST-ZIP	BOSTON MA 02109		CITY-ST-ZIP						
TITLE	PD	☐ Delete	TITLE				☐ Change	e [] Addition	
NAME	SEGEL, ARTHUR I		NAME						
STREET ADDRESS	28 STATE STREET, 10TH FLOOR		STREET ADDRESS						
CITY-ST-ZIP	BOSTON MA 02109		CITY-ST-ZIP						
TITLE	VTS	Delete	TITLE				Change	e 🗍 Addition	
NAME	NEHER, ANDREW M	r Delete	NAME				onang	,	
STREET ADDRESS	28 STATE STREET, 10TH FLOOR		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	BOSTON MA 02109	☐ Delete	TITLE				Chang	e [] Addition	
NAME	D DOCTEDNAK NOEL	□ neist6	NAME				☐ Onally	o [] Addition	
STREET ADDRESS	POSTERNAK, NOEL	1	STREET ADDRESS						
CITY-ST-ZIP	28 STATE STREET, 10TH FLOOR		CITY-ST-ZIP						
	BOSTON MA 02109						XX Chang		
TITLE	AS	☐ Delete	TITLE				VK7 cusud	je 🔲 Additio	
NAME STREET ADDRESS	WEISS, ERICA H		NAME STREET ADDRESS	1120 (20+6 C+ NU C.	i+a 00	Λ		
STREET ADDRESS CITY-ST-ZIP	1200 19TH ST. N.W., STE. 400		CITY-ST-ZIP	112U /	20th St., NW, Su	ite öU	U		
	WASHINGTON DC 20036						Of her		
TITLE .	AS	☐ Defete	TITLE				XX Chang	ge 🔲 Additio	
NAME	ROSENTHAL, BARRY P		NAME	1120	20th St., NW, Su	ite an	ın		
STREET ADDRESS	1200 19TH ST. N.W., STE. 400		STREET ADDRESS	1170	LUCII JU., NW, JU	I CE OU			
CITY-ST-ZIP	WASHINGTON DC 20036		CITY-ST-ZIP						
13. I hereby indicated	certify that the information supplied with I on this report or supplemental report is	this filing does not qualify for true and accurate and that	or the exemption state my signature shall ha	ed in Section	n 119.07(3)(i), Florida Statutes. e legal effect as if made under	I further ce oath; that I	rtify that th am an offi	e information cer or director	

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 like empowered.
See Attachment A - Additional Officers

SIGNATURE.

WCWYULW Erica H. Weiss, As SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CV

202-778-6150

Daytime Phone #

CR2F034 (10/0

17 Hachment 92439D

Attachment A (Florida)

2001 Uniform Business Report of Realty Associates Fund III Texas Corporation

Document #F95000001406

Name

<u>Title</u>

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