

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAR 10 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02162005 Chg-P CR2E034 (10/03) 05

4. FEI Number
04-3257247

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCP ☐ Delete
NAME RUANE, MICHAEL A
STREET ADDRESS 28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP BOSTON, MA 02109

TITLE VTS ☐ Delete
NAME EGAN, RICHARD G JR
STREET ADDRESS 28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP BOSTON, MA 02109

TITLE D ☐ Delete
NAME POSTERNAK, NOEL
STREET ADDRESS 28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP BOSTON, MA 02109

TITLE AS ☐ Delete
NAME MAGNO, KAREN
STREET ADDRESS 28 STATE STREET 10TH FLOOR
CITY-ST-ZIP BOSTON, MA 02109

TITLE VD ☒ Delete
NAME HARMELING, MARK
STREET ADDRESS 28 STATE STREET 10TH FLOOR
CITY-ST-ZIP BOSTON, MA 02109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

100048136211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael A. Ruane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Ruane, President 2/28/05 617 476 2700

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

20fz

ACCOUNT NO. : 072100000032

REFERENCE : 246634 4304937

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizutto

ORDER DATE : March 8, 2005

ORDER TIME : 9:58 AM

ORDER NO. : 246634-025

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

ANNUAL REPORT FILING

NAME: REALTY ASSOCIATES FUND III
TEXAS CORPORATION

RECEIVED
05 MAR 10 AM 10:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____