

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000001406

1. Entity Name

REALTY ASSOCIATES FUND III TEXAS CORPORATION



Principal Place of Business

**C/O TA ASSOCIATES REALTY
28 STATE STREET 10TH FLOOR
BOSTON, MA 02109**

Mailing Address

**C/O TA ASSOCIATES REALTY
28 STATE STREET 10TH FLOOR
BOSTON, MA 02109**

1000001494367
04/20/06-80042-009 150.00



02022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Ruane, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06
Date

617 476 2700
Daytime Phone #