

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P35377** (1)

1. Corporation Name

**PARTNERS PREFERRED YIELD III, INC.**



Principal Place of Business: 600 N BRAND BLVD. SUITE 300 GLENDALE CA 91203-1241  
Mailing Address: 600 N BRAND BLVD. SUITE 300 GLENDALE CA 91203-1241

3. Date Incorporated or Qualified: 09/03/1991  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 701 S. Western Ave  
2a. Mailing Address: PO Box 25025

21. Suite, Apt. #, etc.:  
26. Suite, Apt. #, etc.: Dept PT

22. City & State: Glendale CA  
27. City & State: Glendale CA

23. Zip: 91201  
28. Zip: 91201-5025  
24. Country: Los Angeles  
29. Country: Los Angeles  
30. Country: Los Angeles

4. FEI Number: 95-4325983  
Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3 700001798707 -04/23/96--01046--010, B4 City: \*\*\*200.00 FL, B5 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, B. WAYNE	1.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	1.3 STREET ADDRESS	701 S. Western Ave.
CITY-ST-ZIP	GLENDALE CA	1.4 CITY-ST-ZIP	Glendale CA 91201
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENKIN, HARVEY	2.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	2.3 STREET ADDRESS	701 S. Western Ave.
CITY-ST-ZIP	GLENDALE CA	2.4 CITY-ST-ZIP	Glendale CA 91201
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERICH, OBREN B.	3.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	3.3 STREET ADDRESS	701 S. Western Ave.
CITY-ST-ZIP	GLENDALE CA	3.4 CITY-ST-ZIP	Glendale CA 91201
TITLE	VCS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVNER, RONALD L., JR.	4.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	4.3 STREET ADDRESS	701 S. Western Ave.
CITY-ST-ZIP	GLENDALE CA	4.4 CITY-ST-ZIP	Glendale CA 91201
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, VERN O.	5.2 NAME	
STREET ADDRESS	4111 STILLWATER DRIVE	5.3 STREET ADDRESS	15213 NW Francesca
CITY-ST-ZIP	HUNTINGTON BCH CA	5.4 CITY-ST-ZIP	Portland OR 97229
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, JACK D.	6.2 NAME	
STREET ADDRESS	1625 MICHAEL LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PACIFIC PALISADES CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: \_\_\_\_\_ DATE: 4-11-96 DAYTIME PHONE: (818)244-8080

CR2E034 (12/95)