# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

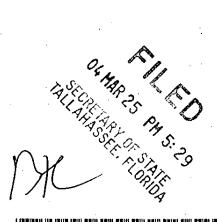
# DOCUMENT\*# M99000000508

1. Entity Name REALTY ASSOCIATES FUND III LLC

Principal Place of Business

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

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





02202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3235872 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

DO NOT WRITE ''ÎN THIS SPACE



6. Name and Address of Current Registered Agent

DO NOT WRITEIN THIS SPA

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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

### Filing Fee Is \$50.00 Due by May 1, 2004

500031188045

9.	MANAGING MEMBERS/MANAGERS	and the second of the second o
TITLE NAME Street address City-St-Zip	MGRM REALTY ASSOCIATES FUND III TRUST 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Realty Associates Fund III Trust Mgr.

CNATURE: Mr. C. & / Michael Ruane, Trustee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/ 18 /04

617 476 2700

Daytime Phone #

# 90000000508

ACCOUNT NO.

072100000032

REFERENCE

520528

-4-

AUTHORIZATION :

COST LIMIT :

\$ 50.00

ORDER DATE: March 24, 2004

ORDER TIME :

11:53 AM

ORDER NO. :

520528-020

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,

LLC

XX \_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: