I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and

SIGNATURE: BRACHMAN, ARMAND E

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 2905 NW BLVD STE 150 PLYMOUTH. MN 55441

Current Mailing Address:

2905 NW BLVD STE 150 PLYMOUTH. MN 55441 US

DOCUMENT# M2100006331

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BRACHMAN, ARMAND E	Name	SWEEN, PAUL R
Address	2905 NW BLVD STE 150	Address	2905 NW BLVD STE 150
City-State-Zip:	PLYMOUTH MN 55441	City-State-Zip:	PLYMOUTH MN 55441

that my name appears above, or on an attachment with all other like empowered.

MANAGER

03/28/2023

FILED Mar 28, 2023 Secretary of State 7243684634CC

Certificate of Status Desired: No

Date

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: PORT RICHEY LEASED HOUSING ASSOCIATES LP III, LLC

Date