


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000153</b>					
1. Entity Name 1530 WASHINGTON AVENUE, LTD.					
Principal Place of Business 9425 HARDING AVENUE SURFSIDE FL 33154			Mailing Address 9425 HARDING AVENUE SURFSIDE FL 33154		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0976959	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  FINVARB, RICHARD 9425 HARDING AVENUE SURFSIDE FL 33154				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				DATE	



1st MOORE CR2E003 (10/05)

4. FEI Number 65-0976959

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000000725	STREET ADDRESS	
NAME	FINEBUILT IV, LLC	CITY- ST- ZIP	
STREET ADDRESS	9425 HARDING AVENUE		
CITY- ST- ZIP	SURFSIDE FL 33154		
DOCUMENT #		STREET ADDRESS	000000428998
NAME		CITY- ST- ZIP	02/21/06-80069-011 500.00
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:** *[Signature]* Manager  
FINEBUILT IV, LLC G.P. 2/3/06 305-861-3332

STAPLE CHECK HERE