


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 19 PM 3:19

DOCUMENT # A0100000608	
1. Entity Name AVENUE LOFTS, LTD.	

Principal Place of Business 202 S.W. 2ND STREET, SUITE C FORT LAUDERDALE FL 33301	Mailing Address 202 S.W. 2ND STREET, SUITE C FORT LAUDERDALE FL 33301
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MOORE CR2E003 (11/03)

2. Principal Place of Business 425 N Andrews Avenue	3. Mailing Address 425 N Andrews Avenue
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1

City & State Fort Lauderdale Florida	City & State Fort Lauderdale Florida	4. FEI Number 65-1110275	Applied For <input type="checkbox"/> Not Applicable
Zip 33301	Country United States	Zip 33301	Country United States

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOOPER, ALAN C 202 S.W. 2ND STREET, SUITE C FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name Hooper, Alan C	
		Street Address (P.O. Box Number is Not Acceptable) 425 N Andrews Avenue	
		#1	
		City Fort Lauderdale	FL Zip Code 33301

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,500,000.00	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT # L01000006896	NAME AVENUE LOFTS DEVELOPMENT, LLC
STREET ADDRESS 202 S.W. 2ND STREET, SUITE C	CITY-ST-ZIP FORT LAUDERDALE FL 33301
DOCUMENT #	NAME
STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY	
STREET ADDRESS 425 N Andrews Avenue #1	CITY-ST-ZIP Fort Lauderdale Florida 33301
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP

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14. 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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____

STAPLE CHECK HERE