


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005.

FILED
Feb 16, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 425 N. ANDREWS AVE. 425 N. ANDREWS AVE.
 #1 #1
 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01112005 Chg-LP CR2E003 (10/03)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-1110275 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HOOPER, ALAN C
 425 N. ANDREWS AVENUE
 #1
 FORT LAUDERDALE, FL 33301

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 _____
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. 10-

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 #	L0100006896
NAME	AVENUE LOFTS DEVELOPMENT, LLC
STREET ADDRESS	425 N. ANDREWS AVE. #1
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	

13. ADDRESS CHANGES ONLY

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	

L010000230785
 11/7/05/05-80002-023 141.25

STAPLE CHECK HERE

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: ALAN C. HOOPER 1-13-05 254-761-8437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #