


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

**FILED  
Mar 01, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A01000001330**

1. Entity Name  
1000 ATLANTIC AVENUE PARTNERS, LIMITED  
PARTNERSHIP



Principal Place of Business  
301 YAMATO RD., STE. 3160  
BOCA RATON, FL 33431

Mailing Address  
301 YAMATO RD., STE. 3160  
BOCA RATON, FL 33431

2. Principal Place of Business  
Suite, Apt. #, etc.


3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01102005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-1148406**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GUZZETTA, MARK A  
301 YAMATO RD., STE. 3160  
BOCA RATON, FL 33431**

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. **\$90,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	P01000096097	STREET ADDRESS	
NAME	1000 ATLANTIC AVENUE CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	301 YAMATO RD., STE. 3160		
CITY - ST - ZIP	BOCA RATON, FL 33431		
DOCUMENT #		STREET ADDRESS	000000247738
NAME		CITY - ST - ZIP	03/01/05-80036-015 526.25
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CITY - ST - ZIP			

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: MARK A. GUZZETTA 2/22/05 561-999-2540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #