


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000000671

1. Entity Name
 3RD AVENUE ASSOCIATES, L.L.L.P.



Principal Place of Business Mailing Address
 240 S. PINEAPPLE AVENUE, 10TH FLOOR 240 S. PINEAPPLE AVENUE, 10TH FLOOR
 SARASOTA, FL 34236 SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02162007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
 45-0513657 Not Applicable

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

6. Name and Address of Current Registered Agent

BAND, DAVID
 240 S. PINEAPPLE AVENUE, 10TH FLOOR
 SARASOTA, FL 34236

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	BAND, DAVID S	STREET ADDRESS	
NAME	240 S. PINEAPPLE AVENUE, 10TH FLOOR	CITY-ST-ZIP	000000700715
STREET ADDRESS	SARASOTA, FL 34236		04/20/07-80030-010 500.00
CITY-ST-ZIP			

DOCUMENT #	MCKAY, JOHN M	STREET ADDRESS	
NAME	1001 3RD AVE. WEST, SUITE 600	CITY-ST-ZIP	
STREET ADDRESS	BRADENTON, FL 34205		
CITY-ST-ZIP			

DOCUMENT #	ALLEN, RONALD J	STREET ADDRESS	
NAME	1001 3RD AVE. WEST, SUITE 600	CITY-ST-ZIP	
STREET ADDRESS	BRADENTON, FL 34205		
CITY-ST-ZIP			

DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

DOCUMENT #		STREET ADDRESS	
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:  **David S. Band, General Partner** 2/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE