

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001215	
1. Entity Name 1410 TOWNHOUSES, LTD.	



FILED

2004 MAR 19 PM 2:16

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 18851 N.E. 29TH AVENUE, SUITE 900 AVENTURA, FL 33180	Mailing Address 18851 N.E. 29TH AVENUE, SUITE 900 AVENTURA, FL 33180
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0362542	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. 18851 N.E. 29TH AVENUE, SUITE 900 AVENTURA, FL 33180	
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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 02/24/04

9. Capital Contributions as Shown on record. \$223,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$267,761.21
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000070041 AVONLEA DEVELOPMENT, CORP. 18851 N.E. 29TH AVENUE, SUITE 900 AVENTURA, FL 33180	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	300030740789
		CITY-ST-ZIP	03/19/04--01001--014 **526.50
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		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:

Fernando Longian, Director Treasurer 02/24/04 786.279.0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #