


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUL -7 AM 9:43

DOCUMENT # A03000001820					
1. Entity Name 410 NE 1ST AVENUE, LTD.					
Principal Place of Business 440 NE 1ST AVENUE HALLANDALE, FL 33009			Mailing Address 440 NE 1ST AVENUE HALLANDALE, FL 33009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07052005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 20-0582148	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
ATKINSON, WILLIAM C III, ESQ C/O ATKINSON, DINER, ET AL 1946 TYLER STREET HOLLYWOOD, FL 33020				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$700,000.00			10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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 #	P03000156349		STREET ADDRESS		
NAME	410 REAL ESTATE, INC.		CITY-ST-ZIP		
STREET ADDRESS	440 NE 1ST AVENUE				
CITY-ST-ZIP	HALLANDALE, FL 33009				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	400057643904	
NAME			CITY-ST-ZIP	07/19/05--01006--017 **526.25	
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STREET ADDRESS					
CITY-ST-ZIP					
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: <i>James Bobbaut</i>			7/5/05		954 457 8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE