

2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007


FILED

2007 APR 23 AM 11:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # A03000001820

1. Entry 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082007 Chg-LP CR2E003 (12/06)

4. FEI Number
20-0562148

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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
ATKINSON, WILSON C. III, ESQUIRE

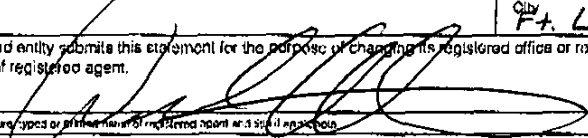
Street Address (P.O. Box Number in NMI Acceptable)
C/O ATKINSON, DINER, ET AL
ONE FINANCIAL PLAZA, SUITE 1400
100 SE 3RD AVENUE

City
FT. LAUDERDALE

FL

Zip Code
33374

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 4/9/07

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


DOCUMENT #	P03000168349
NAME	410 REAL COSTUME, INC.
STREET ADDRESS	440 NE 1ST AVENUE
CITY-ST-ZIP	HALLANDALE, FL 33009
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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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	900101348579
CITY-ST-ZIP	05/03/07--01013--006 **\$500.00
STREET ADDRESS	
CITY-ST-ZIP	
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 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: 

DATE 4/10/07

DAYTIME PHONE 954-457-8100