

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**May 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000000031**

1. Entity Name  
1570 MADRUGA AVE, LTD.



Principal Place of Business  
3211 PONCE DE LEON BLVD.  
SUITE 202  
CORAL GABLES, FL 33134

Mailing Address  
PO BOX 331056  
COCONUT GROVE, FL 33233

**DO NOT WRITE IN THIS SPACE**



05032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**56-2431097**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTINI, GREGORY T  
2655 LE JEUNE ROAD, STE. 1101  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 6, 2006**

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**

DOCUMENT # L03000010002  
NAME ACREI, LLC  
STREET ADDRESS 107 SARTO AVE.  
CITY-STATE CORAL GABLES, FL 33134

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE

DOCUMENT #  
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STREET ADDRESS  
CITY-STATE

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NAME  
STREET ADDRESS  
CITY-STATE

U00000563921  
05/20/06-80030-023 500.00

**DO NOT WRITE  
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

DAYTIME PHONE #