


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED 181
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 19 AM 8:20

DOCUMENT # A04000000303			
1. Entity Name 455 BUILDING, LTD.		Principal Place of Business 3211 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL 33134	
Mailing Address P.O. BOX 331056 COCONUT GROVE FL 33233		2. Principal Place of Business - No P.O. Box #	
3. Mailing Address 3211 Ponce De Leon Blvd		Suite, Apt. #, etc. 302	
City & State Coral Gables, FL		4. FEI Number 55-0865211	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARTINI, GREGORY T 2655 LE JEUNE ROAD, SUITE 1101 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33134	
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 _____	
<p>FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.</p> <p>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.</p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L03000010002 ACREI, LLC 107 SARTO AVENUE CORAL GABLES FL 33134	STREET ADDRESS CITY-ST-ZIP	600129587856 05/15/08-01012-007 **500.00
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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: _____		Constantine J. Scurtis 2/19/08 (305) 446-0010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE Daytime Phone #	



1st MOORE CR2E003 (10/07)

STAPLE CHECK HERE