


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A28799				
1. Entity Name 421 WASHINGTON AVENUE ASSOCIATES, LTD.				
Principal Place of Business 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139		Mailing Address 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139		
2. Principal Place of Business <i>230 5th Street</i>		3. Mailing Address <i>230 5th Street</i>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State <i>Miami Beach, FL</i>		City & State <i>Miami Beach, FL</i>		4. FEI Number 02212005 Chg-LP CR2E003 (10/03) 65-0256243
Zip <i>33139</i>	Country <i>USA</i>	Zip <i>33139</i>	Country <i>USA</i>	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent ROBINS, SCOTT 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name <i>Robins Scott</i> Street Address (P.O. Box Number is Not Acceptable) <i>230 5th Street</i> City <i>Miami Beach</i> FL Zip Code <i>33139</i>	
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 <i>2/21/05</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				
9. Capital Contributions as Shown on record. <i>\$213,000.00</i>		10. Amount of Capital Contributions in FLORIDA to date.		
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	L10173 421 WASHINGTON AVE, INC. 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139		STREET ADDRESS CITY-ST-ZIP	<i>230 5th Street Miami Beach, FL 33139</i>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<i>000040065278 03/03/05--01055--010 **526.25</i>
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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: _____		SCOTT ROBINS COMPANIES <i>230 5th Street</i> MIAMI BEACH, FL 33139		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small> <i>2/21/05</i> <small>Daytime Phone #</small> <i>305 4674060</i>		

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