


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # A28799 1. Entity Name 421 WASHINGTON AVENUE ASSOCIATES, LTD.	
--	---

Principal Place of Business 230 5TH STREET MIAMI BEACH, FL 33139	Mailing Address 230 5TH STREET MIAMI BEACH, FL 33139
--	--

DO NOT WRITE IN THIS SPACE



01312007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 65-0256243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINS, SCOTT
 230 5TH STREET
 MIAMI BEACH, FL 33139

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	L10173
NAME	421 WASHINGTON AVE, INC.
STREET ADDRESS	230 5TH STREEET
CITY-ST-ZIP	MIAMI BEACH, FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000649539
 03/07/07-80053-010 500.00

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: 2/14/07 Daytime Phone #: 305-674-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER