


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

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002410**

1. Entity Name  
**AVENUE ROYALE, LTD.**



Principal Place of Business      Mailing Address  
**6900 SOUTHPOINT DR. NORTH**      **6900 SOUTHPOINT DR. NORTH**  
**SUITE 250**      **SUITE 250**  
**JACKSONVILLE, FL 32216**      **JACKSONVILLE, FL 32216**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04142005      Chg-LP      CR2E003 (10/03)

4. FEI Number <b>59-3539026</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>SANKERS, GUS</b> <b>6900 SOUTHPOINT DR. NORTH</b> <b>SUITE 250</b> <b>JACKSONVILLE, FL 32216</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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

9. Capital Contributions as Shown on record.      **\$1,000.00**

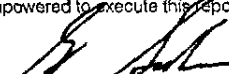
10. Amount of Capital Contributions in FLORIDA to date.

**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 #	<b>L99000002809</b>	STREET ADDRESS	
NAME	<b>CORO AVENUE ROYALE, LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>6900 SOUTHPOINT DRIVE, NORTH, STE. 250</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32216</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			<b>U00000347195</b>
CITY-ST-ZIP			<b>04/30/05-80105-017 141.25</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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NAME		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 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:       **Gus Sankers, Manager**  
of **Coro Avenue Royale LLC**  
General Partner      **4/15/05**      **904-296-1112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #