

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 31 AM 9:42



DOCUMENT # A0300000722
1. Entity Name
559-77 BUILDING, LTD.

Principal Place of Business: 107 SARTO AVENUE, CORAL GABLES FL 33134
Mailing Address: 107 SARTO AVENUE, CORAL GABLES FL 33134



2. Principal Place of Business: 3211 Ponce De Leon Blvd, Suite, Apt. #, etc. # 202
3. Mailing Address: PO Box 331070, Suite, Apt. #, etc.

1ST MOORE CR2E003 (10/04)

City & State: Coral Gables, FL
City & State: Miami, FL
Zip: 33134, Country: Dade
Zip: 33233, Country: Dade

4. FEI Number: 55-0831527
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, 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:

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] DATE: 7/18/05

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$0.00

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	
DOCUMENT #	L03000010002
NAME	ACREI, LLC
STREET ADDRESS	P.O. BOX 331070
CITY-ST-ZIP	COCONUT GROVE FL 33233
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X [Signature] Constantine Scurtis, 7/18/05, 305-446-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #