

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000001725 1. Entity Name 33RD AVENUE ASSOCIATES, L.L.P.	
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Principal Place of Business 240 S. PINEAPPLE AVENUE, 10TH FL SARASOTA, FL 34236	Mailing Address PO BOX 49948 SARASOTA, FL 34230-6948
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



03062006 Chg-LP CR2E003 (11/05)

4. FEI Number 46-0510357	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAND, DAVID S 240 S. PINEAPPLE AVENUE, 10TH FL SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BAND, DAVID S	STREET ADDRESS	
NAME	240 S. PINEAPPLE AVENUE, 10TH FL	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA, FL 34236		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000000532367
NAME		CITY-ST-ZIP	05/06/06-80103-003 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: <i>David S. Band</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	David S. Band, Gen Ptr Date: 3/15/06 Daytime Phone #
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