

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A13000000457

**Entity Name:** 24TH AVENUE VACATION VILLAS LTD.

**Current Principal Place of Business:**

1920 SE 21ST TERRACE  
CAPE CORAL, FL 33990

**Current Mailing Address:**

192 WATER ST.  
ST.ANDREWS, NEW BRUNSWICK E5B 1B2 CA

**FEI Number:** 46-3600739

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # F13000036431  
Name 24TH AVENUE VACATION VILLAS (NB)  
LTD. CORP  
Address 192 WATER ST.  
City-State-Zip: ST.ANDREWS NEW BRUNSWICK  
E5B 1B2

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRED ARMSTRONG

**OWNER**

**02/24/2015**

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date