

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001168

1. Entity Name
 WASHINGTON COURTS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 849 WYMORE ROAD, SUITE 50-A
 ALTAMONTE SPRINGS, FL 32714

Mailing Address
 849 WYMORE ROAD, SUITE 50-A
 ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number
 52-2259048

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ABRIOLA, GARY
 849 WYMORE ROAD, SUITE 50-A
 ALTAMONTE SPRINGS, FL 32714

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 Mary Abriola DATE 1/6/05
 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 #	L00000008771	STREET ADDRESS	
NAME	AVA MANAGEMENT LLC	CITY-ST-ZIP	
STREET ADDRESS	849 WYMORE ROAD, SUITE 50-A		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		
DOCUMENT #		STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: AVA Management, LLC DATE 1/6/05 407-678 8100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE