2008 LIMITED PARTNERSHIP ANNÜAL REPORT Due By May 1, 2008

DOCUMENT # A0000001168

1. Entity Name

WASHINGTON COURTS FAMILY LIMITED PARTNERSHIP



FILED Feb 11, 2008 08:00 A Secretary of State

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



02062008 No Chg-LP

CR2E003 (12/06)

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

DO NOT WRITE IN THIS SPACE

		IN THIS SPACE
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, typed or pyrrigid name of registered agent and title if applicable	J-1-Of
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.		
DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP	GENERAL PARTNER INFORMATION L00000008771 AVA MANAGEMENT LLC 849 WYMORE ROAD, SUITE 50-A ALTAMONTE SPRINGS, FL 32714	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		000000823447 02/20/08-80040+006 500:00
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME 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:

? - STAPLE CHECK HERE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

301-6

Daysme Phone #