

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 10: 04

DOCUMENT # A01000000938

1. Entity Name
FIFTH AVENUE ESTATES, LTD.



Principal Place of Business
1101 BRICKELL AVE. #402-B
MIAMI, FL 33131

Mailing Address
1101 BRICKELL AVE. #402-B
MIAMI, FL 33131

2. Principal Place of Business
250 Catalonia Ave.

3. Mailing Address
P.O. Box 279

Suite, Apt. #, etc.
Suite 606

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Key Biscayne, FL

Zip
33134

Country
USA

Zip
33149

Country
USA

03062005

Chg-LP

CR2E003 (10/03)

4. FEI Number
02-0577784

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDMEIER, BARRY
1101 BRICKELL AVE. #402-B
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

250 Catalonia Ave. Suite 606

City
Coral Gables

FL

Zip Code
33134

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, hand or printed name of registered agent and date if applicable

3/7/05
DATE

9. Capital Contributions
as Shown on record. \$100.00

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 # P98000004758
NAME ADVANCED AFFORDABLE DEVELOPMENT CORP.
STREET ADDRESS 1101 BRICKELL AVE. #402-B
CITY-ST-ZIP MIAMI, FL 33131

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 250 Catalonia Ave. Suite 606
CITY-ST-ZIP Coral Gables, FL 33134

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/05
Date

305-461-2330
Daytime Phone #

STAPLE CHECK HERE