2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

STAPLE CHECK HERE

SIGNATURE:

* DUE BY MAY 1, 2005			FILEU
DOCUMENT # A0200000008 1. Entity Name			SECKETARY OF STATE DIVISION OF CORPORATIONS
AUSTRALIAN AVE HOSPITALITY, LTD.			05 MAY -9 AM 9: 10
Principal Plac	e of Business Mailing Address		
1475 W. GA	TEWAY BLVD. 1475 W. GATEWAY BLVE BEACH FL 33426 BOYNTON BEACH FL 334		
2. Principal Place of Business / (00/ Worthington Rd / (00/ Worthington)		insten Ro	
Suite, Apt.	#, etc. Suite, Apt. #, etc.	0	1ST MOORE CR2E003 (10/04)
City & Star	In Beach FI W. Palm Be	ach Fl	4. FEI Number 02-0541999 Applied For Not Applicable
33040	A Country 321100	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
00 10	6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
		Name	
151	IN, JEFFREY B 5 NORTH FEDERAL HIGHWAY FE 300	Street Address	(P.O. Box Number is Not Acceptable)
BOO	CA RATON FL 33432		
		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 Signature, typed or printed name of registered agent and title 4 applicable DATE 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.			
9. Capital Contributions as Shown on record. 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#	601000151461	STREET ADDRESS	700055917417
NAME STREET ADDRESS	AUSTRALIAN AVE HOSPITALITY, INC.	O MEET ADDITEDS	06/08/0501073006 **141.25
CITY-ST-ZIP	1515 NORTH FEDERAL HIGHWAY BOCA RATON FA 33432	CITY-ST-ZIP	
DOCUMENT # NAME	Robert Currein DELETE	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	1601 Weethington Ed	CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
14. 1 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			