


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -8 PM 4:03

DOCUMENT # A02000001404		
1. Entity Name AVONLEA FRIENDS DEVELOPMENTS, LTD		

Principal Place of Business 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	Mailing Address 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021
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2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900	3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900
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City & State Aventura, FL	City & State Aventura FL
Zip 33180	Country USA
Zip 33180	Country USA

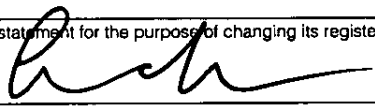
01082004 Chg-LP CR2E003 (10/03)

4. FEI Number 68-0530293	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	
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7. Name and Address of New Registered Agent Name: ROTH, LEONARDO A, ESQ. Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave Suite 900 City: Aventura, FL Zip Code: 33180	
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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 if applicable.	DATE: 02/24/04
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9. Capital Contributions as Shown on record. \$89,398.26	10. Amount of Capital Contributions in FLORIDA to date. \$89,398.26
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**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 # P02000070041	NAME AVONLEA DEVELOPMENT, CORP.	STREET ADDRESS 18851 NE 29th Ave Suite 900	
STREET ADDRESS 3440 HOLLYWOOD BLVD., STE. 360		CITY-ST-ZIP Aventura, FL 33180	
CITY-ST-ZIP HOLLYWOOD, FL 33021			
DOCUMENT #	NAME	STREET ADDRESS	
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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:**  **Fernando Moriconi, Director/Treasurer** 02/24/04 786-279-0000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE