

**LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 10 AM 10:34



DOCUMENT # A03095000439		1. Entity Name 500 NE 24 ST, LTD.	
Principal Place of Business 107 SARTO AVENUE CORAL GABLES FL 33134		Mailing Address P.O. BOX 331056 COCONUT GROVE FL 33233	
2. Principal Place of Business 3211 Ponce De Leon Blvd.		3. Mailing Address PO Box 331070	
Suite, Apt. #, etc. #202		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Miami, FL	
Zip 33134		Country Dade	
4. FEI Number 57-1158735		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINI, GREGORY T 2655 LE JEUNE ROAD, SUITE 1101 CORAL GABLES FL 33134		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 <i>[Signature]</i> DATE 7/18/05		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
9. Capital Contributions as Shown on record. \$446,250.00		10. Amount of Capital Contributions in FLORIDA to date.	
<p>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.</p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000010002	STREET ADDRESS	
NAME	ACREI, LLC	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 331070		
CITY-ST-ZIP	COCONUT GROVE FL 33233		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			
<p>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</p>			
SIGNATURE: X <i>[Signature]</i>		Constantine Scurtis 7/18/05 305-446-0010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE