

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

DOCUMENT # A03095000439

1. Entity Name

500 NE 24 ST, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 AUG 10 AM 10:34

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

Zip

33233

Country

Dade

[Handwritten signature]

1ST MOORE

CR2E003 (10/04)

4. FEI Number

57-1158735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 *[Handwritten signature]*

Signature, typed name and name of registered agent and title if applicable

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.

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 # L03000010002
 NAME ACREI, LLC
 STREET ADDRESS P.O. BOX 331070
 CITY-ST-ZIP COCONUT GROVE FL 33233

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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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: *[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Constantine Scurtis

7/18/05

Date

305-446-0010

Daytime Phone #

STAPLE CHECK HERE