


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

#062

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 19 AM 8:21

DOCUMENT # A03000000439			
1. Entity Name 500 NE 24 ST, LTD.			
Principal Place of Business 3211 PONCE DE LEON BLVD #202 CORAL GABLES FL 33134		Mailing Address P.O. BOX 331070 MIAMI FL 33233	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3211 Ponce De Leon Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 202	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip	Country
		33134	

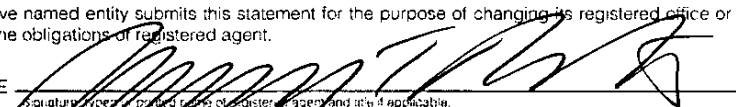


1st MOORE CR2E003 (10/07)

4. FEI Number 57-1158735		Applied For <input type="checkbox"/> 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  DATE 2/20/2008

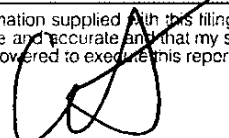
FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	L03000010002	STREET ADDRESS	
NAME	ACREI, LLC	CITY-ST-ZIP	300129589293 05/15/08--01012--018 **500.00
STREET ADDRESS	P.O. BOX 331070	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33233	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Constantine J. Swatis 2/19/08 (205) 446-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #