

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A03000000442

1. Entity Name

2328 NE 6 AVE, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -2 PM 3: 12

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1158729

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$96,250.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 107 SARTO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

P.O. BOX 331070
COCONUT GROVE, FLORIDA 33233

CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700027903537
01/29/04--01075--019 **141.25

DOCUMENT #

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700027903537
03/11/04--01059--007 **385.00

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Constantine Scurts 2/1/04

Date

305-446-0010

Daytime Phone #

STAPLE CHECK HERE