


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

FILED 065
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

DOCUMENT # A03000000442		
1. Entity Name 2328 NE 6 AVE, LTD.		

Principal Place of Business 3211 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL 33134	Mailing Address P.O. BOX 331056 COCONUT GROVE FL 33233
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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)

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

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	
STREET ADDRESS	P.O. BOX 331070		
CITY-ST-ZIP	COCONUT GROVE FL 33233		
DOCUMENT #		STREET ADDRESS	200129698362
NAME		CITY-ST-ZIP	05/16/08 01045 000 **500.00
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STREET ADDRESS			
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Constantine J. Scurtis

2/19/08

(305) 446-0010

Date

Daytime Phone *