


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

|   |  |   |
|---|--|---|
| <b>DOCUMENT # A03000000802</b><br>1. Entity Name<br>750 BAY FRONT, LTD. |  |  |
|---|--|---|

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 FEB 11 AM 9:58

|  |  |
|--|--|
| Principal Place of Business<br>107 SARTO AVENUE<br>CORAL GABLES FL 33134 | Mailing Address<br>P.O. BOX 331056<br>COCONUT GROVE FL 33233 |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



1ST MOORE CR2E003 (10/04)

*AS*

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>54-2114786 | Applied For<br><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<br><br>MARTINI, GREGORY T<br>2655 LE JEUNE ROAD, SUITE 1101<br>CORAL GABLES FL 33134 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br>Signature, typed or printed name of registered agent and title if applicable | DATE _____ |
|---|------------|

11. FILE NOW!!! Due by May 1, 2005.  
 See Block 11 instructions for fee info.

|   |   |
|---|---|
| 9. Capital Contributions as Shown on record... \$390,000.00 | 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 |                        | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|------------------------|--------------------------|--|
| DOCUMENT #                      | L03000010002           | STREET ADDRESS           | Please change the principal place of business to: 3211 Ponce de Leon Blvd Suite 202 Coral Gables, FL 33134 |
| NAME                            | ACREI, LLC             | CITY-ST-ZIP              |  |
| 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              |  |
| DOCUMENT #                      |                        | STREET ADDRESS           |  |
| NAME                            |                        | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                        | STREET ADDRESS           |  |
| CITY-ST-ZIP                     |                        | CITY-ST-ZIP              |  |

|                |  |                |  |
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| DOCUMENT #     |  | STREET ADDRESS |  |
| NAME           |  | CITY-ST-ZIP    |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY-ST-ZIP    |  | CITY-ST-ZIP    |  |
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| NAME           |  | CITY-ST-ZIP    |  |
| STREET ADDRESS |  | STREET ADDRESS |  |
| CITY-ST-ZIP    |  | CITY-ST-ZIP    |  |

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~~02/18/05 01004 012 \*\*526.25~~

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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | C. Scutis | 1/18/05 | 305-446-0000    |
|  |           | Date    | Daytime Phone # |

STAPLE CHECK HERE