


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

DOCUMENT # A03000000802	
1. Entity Name 750 BAY FRONT, 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	Zip 33134
Country	Country

FILED #073
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 19 AM 8:21



1st MOORE CR2E003 (10/07)

4. FEI Number 54-2114786	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 _____
(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	200129589462
STREET ADDRESS	P.O. BOX 331070		05/15/08--01012--023 **500.00
CITY-ST-ZIP	COCONUT GROVE FL 33233		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 #

STAPLE CHECK HERE