


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

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526.85

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 26 AM 11:25

DOCUMENT # A03000001122 1. Entity Name 6TH AVE BUILDINGS, LTD.	
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Principal Place of Business 107 SARTO AVENUE CORAL GABLES FL 33134	Mailing Address PO BOX 331056 COCONUT GROVE FL 33233
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

[Handwritten signature]



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent MARTINI, GREGORY T 2655 LEJEUNE ROAD STE. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info

9. Capital Contributions as Shown on record. \$547,750,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	L03000010002 ACRESI, LLC P.O. BOX 331070 COCONUT GROVE FL 33233	STREET ADDRESS CITY-ST-ZIP	<i>Please change the principal place of business to: 3211 Ponce de Leon Blvd. suite 202 Coral Gables, FL 33134</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: <i>[Handwritten signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<i>C. Scortis</i> Date <i>1/18/05</i>	<i>305-446-0010</i> Daytime Phone #
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