2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A03000001122

1. Entity Name

6TH AVE BUILDINGS, LTD.



FILED Apr 18, 2007 08:00 A Secretary of State

Principal Place of Business

3211 PONCE DE LEON BLVD.

SUITE 202 CORAL GABLES, FL 33134 Mailing Address

PO BOX 331056

COCONUT GROVE, FL 33233



DO NOT WRITE IN THIS SPACE

03262007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 55-0844983

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 LEJEUNE ROAD STE. 1101 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	L03000010002 ACRESI, LLC P.O. BOX 331070 COCONUT GROVE, FL 33233
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CHY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST-7IP	

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000000715322 04/27/07-80059-008 508.75

14. I hereby certify that the information supplied with the fling 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 applied and have small 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 his report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

Deonstantine seuris

4.110.07

305.446.00

Date

Daytime Phone #