

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**May 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000000031**  
 1. Entity Name  
 1570 MADRUGA AVE, LTD.



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**



05032006 No Chg-LP CR2E003 (11/05)

4. FEI Number: **56-2431097** 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 LE JEUNE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 6, 2006**

In accordance with s 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	L03000010002
NAME	ACREI, LLC
STREET ADDRESS	107 SARTO AVE.
CITY-STATE-ZIP	CORAL GABLES, FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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STREET ADDRESS	
CITY-STATE-ZIP	

000000563921  
 05/20/06-80030-023 500.00

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_