2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	IMENT # A04000000	261		FIL	ED		
1. Entity Name 74TH AVENUE RENTAL WAREHOUSE, LLLP				05 JAN 10	PM 2: 19		
				1		M.M	
13635 DEE	Principal Place of Business 13635 DEERING BAY DRIVE, #224 CORAL GABLES, FL 33158 Mailing Address 13635 DEERING BAY D CORAL GABLES, FL 331			SEG CTA S TABEAHAUS	UF STATE JE FLORIBA	[VIJE	
				 	and armi armi armi armi inper butu mur		
	2. Principal Place of Business 2550 N.U. 72 Ave 3. Mailing Address 2550 N.						
	Suite, Apt. #, etc. Suite, Apt. #, etc.			01032005 Chg-LP	CR2E003 (10/03)	din	
City & Sta	#101 City & State		# 10 1 City & State		IAnn	lied For	
7:-	Miami FC.		Mian; FC		49350 Not	Applicable	
Zip 331	22 Country USA	Zip 33122	Country USA	5. Certificate of Status Desired	S8.75 Addit Fee Required	ional	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New	Registered Agent		
SIMON, G	SARY PESQ		<u> </u>	Street Address (P.O. Box Number is Not Accomplete)			
9100 S. D.	C/O SIMON & SIMON, P.A. 9100 S. DADELAND BLVD., SUITE 504			Street Address (P.O. Box Number is Not Acceptable) 2550 N.W. 72 Ave			
MIAMI, FL 33156				#101			
			City	Miani	FL Zip Code	122	
	e named entity submits this statement for utions of registered agent.	V - )		ered agent, or both, in the State of I	lorida. I am familiar with, a	nd accept	
SIGNATURE		Ma	rk Orovitz		1/4/05		
9. Capital Co	Signature, typed or printed name of registered agent a ontributions	10. Amount of Capi	ital Contributions		DATE		
as Shown	500,000.00 \$500,000.00	in FLORIDA to d	date. SOO, d				
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS EI Y NOT be changed on t	NTITY MUST BE REGIS the form; an amendme	TERED AND ACTIVE WITH T	HIS OFFICE. general partner.		
12.	GENERAL PARTNER		13.		HANGES ONLY		
DOCUMENT # NAME	DOCUMENT#						
STREET ADDRESS CITY-ST-ZIP		24	CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-SI-ZIP				
DOCUMENT #			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CCTY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	•			
STREET ADDRESS			CITY-ST-ZIP				
CITY-ST-ZIP  DOCUMENT  NAME  STREET ADDRESS  CITY-ST-ZIP			STREET ADDRESS				
STREET ADDRESS			CITY-ST-ZIP	300045	<del>5041943</del> 57008 **526		
City-st-zip			U117-31-2F	01/13/05010	5/UU8 **525	. 25	
DOCUMENT /	·		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
14. I hereby indicated the recei	certify that the information supplied with d on this report is true and accurate and t ver or trustee empowered to execute this	this filing does not qualify for hat my signature shall have report as required by Chai	or the exemption stated in So the same legal effect as if opter 620, Florida Statutes	ection 119.07(3)(i), Florida Statutes made under oath; that I am a Gene	. I further certify that the info ral Partner of the limited par	ormation tnership or	
SIGNAT	110 0	J W. TAMOS		0/4/05	305-235-320	,	
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GENER		Cate	Daytime Phone #		